

Form No. 1

(1) PLACE OF BIRTH
County of Richland
Township of Fork
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91605

Registration District No. 3.102 Registered No. 69
(For use of Local Registrar)
(2) Full Name of Child Adell Ladia { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Shealy
(9) PRESENT POSTOFFICE OF FATHER Bartlett
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S. C. Co. 86
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Harmon
(15) PRESENT POSTOFFICE OF MOTHER Bartlett
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S. C. Co. 86
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) J. W. Wessinger
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bartlett

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Dec 16 1916 (28) H. S. Shady Local Registrar

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
McClure, of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.