

(1) PLACE OF BIRTH

County of Jamieson
Township of Mayesville
of
Inc. Town of
or
City of
(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
53898

Registration District No. 4102 Registered No. 28
(For use of Local Registrar)

2) Full Name of Child Adam Comander { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 2, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
9) FULL NAME Eugene Comander
10) PRESENT POSTOFFICE OF FATHER Mayesville S.C.
11) COLOR OR RACE Wyo (12) AGE AT LAST BIRTHDAY 20 (Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Tanner
20) Number of children born to mother, including present birth } 1

MOTHER.
14) NAME BEFORE MARRIAGE Bertha Davis
15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
18) BIRTHPLACE S.C.
19) OCCUPATION House wif
21) Number of children of this mother now living, including present birth } 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. House
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville S.C.

Given name added from a supplemental report
....., 191.....
.....

(26) Witness (Signature of Witness necessary only when Question 23 is signed by mark)
(27) Filed Apr. 1, 1916 (28) W. G. House Local Registrar.

*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.

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