

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43358

County of LeeTownship of Bishopville

or

Inc. Town of

or

City of

Registration District No. 3000Registered No. 66

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alise Addison

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Addison

(9) PRESENT POSTOFFICE OF FATHER

Bishopville R 1

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

(Years) 46

(12) BIRTHPLACE

Lee Co S C

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

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MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Reese

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville R 1

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

(Years) 38

(18) BIRTHPLACE

Lee Co S C

(19) OCCUPATION

Home work

(21) Number of children of this mother now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Margaret McCall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bishopville R 1

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Signed

Dec 9 1922 Mrs. N. S. Laney

Local Registrar.

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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.

REG. OF BIRTH, COLUMBIA, S. C. 2 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.