

No. 1.

(1) PLACE OF BIRTH

County of Anderson
 Township of St. A.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Register Only
3409

Registration District No. 3409

Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child John Adams Teague If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Sex of Father Male (5) Sex of Mother Female (6) DATE OF BIRTH Feb 24 1923
 (7) (Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME Engus Teague
 (9) PRESENT POSTOFFICE OF FATHER Kinard S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 6

MOTHER

(15) NAME BEFORE MARRIAGE Bessie Rust
 (16) PRESENT POSTOFFICE OF MOTHER Kinard S.C.
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 24
 (19) BIRTHPLACE North Carolina
 (20) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn) (Mourning or P. M.)
 on the date above stated.

(23) (Signature) George Adams
 (24) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

(25) Witness A. B. Adams
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 24 1923 (27) Local Registrar J. P. Miller

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.