

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29090

Registration District No. 705Registered No. 98
(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 Mary Addison

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

(3) BOY OR GIRL G.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept. 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kirby Addison(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Wilson(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE St. Stephens(19) OCCUPATION Farming(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 Born alive at 1 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Addison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Sept. 30, 1922 (28) M. A. Fennell
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MADE IN COLUMBIA, S. C.