

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18644

Registration District No. 2011

Registered No. 17
(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 Star Cile Adams 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 (6) Are Parents Married? (7) DATE OF BIRTH 5 19 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alvin(9) PRESENT POSTOFFICE OF FATHER St. Johns(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Helen(15) PRESENT POSTOFFICE OF MOTHER Effingham(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Housewife, V.C.(19) OCCUPATION L(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Joan Ruch(24) State whether Physician or Midwife (25) Address of Physician or Midwife Effingham SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 45 19 20 (28) W. H. Ruch 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.