

MARGIN RESERVED FOR BINDING.

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 1.

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

No. 1.—For State Registrar Only
8416

(1) PLACE OF BIRTH
County of Chester
Township of Chester
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of..... instead of street and number.)

Registration District No. 1107 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Elizabeth Ellen
(No. St. Ward) 7
If child is not yet named, make supplemental report as directed

(3) SEX <u>Female</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 1929</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert J. Adams</u>			(14) NAME BEFORE MARRIAGE <u>Lena Kelly</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chester R.F.D.</u>			(16) PRESENT POSTOFFICE OF MOTHER <u>Chester R.F.D.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(13) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>York Co S.C.</u>			(15) BIRTHPLACE <u>Dundee Co S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(16) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Williams
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chester S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Filed Mar 14 1929 (28) Local Registrar [Signature]

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 sixth month of pregnancy.

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