

(1) PLACE OF BIRTH

County of Abbeville
Township of Donald

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71007

Inc. Town of Registration District No. 105 Registered No. 121
(For use of Local Registrar)

City of (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 Welford Adkins } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Adkins

(9) PRESENT POSTOFFICE OF FATHER Donald

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE Edgefield Co

(13) OCCUPATION Farm Tenant

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Anderson

(15) PRESENT POSTOFFICE OF MOTHER Donald

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION House worker

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Steeward

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

Given name added from a supplemental report
....., 191.....
..... Registrar

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

(27) Filled Aug 26 1916 (28) DMH Humphrey 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.

Registrar 1 Local Registrar

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N. B. McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.