

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town or

City of *Florence Sc* (No. *507 S. Gargan*)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

52121

Registration District No. *26-A* Registered No. *3-9*

(For use of Local Registrar)

(2) Full Name of Child *Adelaine Commander* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Mar 15 1916</i>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Des. Edward Commander*(9) PRESENT POSTOFFICE OF FATHER *Florence Sc*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Florence Sc*(13) OCCUPATION *Banker Insurance & Real Estate*(14) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Adelaide Boyd (Commander)*(15) PRESENT POSTOFFICE OF MOTHER *Florence Sc*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Spokaneburg Sc*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:45 a* M. on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. H. Jargon*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Florence Sc*

Given name added from a supplemental report

*Sept 10 1916**O. Connelley*

Registrar

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

(27) Filed *3/18 1916* (28) *M. H. Jargon*

*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.

MARGIN RESERVED FOR BINDING. WHITE PLATE, 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. McCaw, of Columbia.