CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22448

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

Registration District No. 3804a Registered No. 31
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

2) Full Name of Child Aderee Janes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH July 7 23
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Wm Mone	(14) NAME BEFORE MARRIAGE Luceal Janes
(9) PRESENT POSTOFFICE OF FATHER —	(15) PRESENT POSTOFFICE OF MOTHER Columbia
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY — (Years)	(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE —	(18) BIRTHPLACE Stat Park
(13) OCCUPATION —	(19) OCCUPATION Wash Woman
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. her E. A. Bell midwife
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Col R # 3

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

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed .....1923. (28) L. M. Taylor 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.

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