

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

File No.—For State Registrar Only

18550

Registration District No. 20 B Registered No. 17
 (For use of Local Registrar)

(No. St.; Ward)
 If child is not yet named, make supplemental report as directed

Full Name of Child

(9) Number in order of birth 8

(5) Are Parents Married? X

(7) DATE OF BIRTH Aug 8 1922
 (Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE Rev Adith Evans

(15) PRESENT POSTOFFICE OF MOTHER X

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 46
 (Years)

(18) BIRTHPLACE Wilmington

(19) OCCUPATION X

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

STATEMENT OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Adith at 11:20 A. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 6/13/22 (28) R. L. Carter Local Registrar

If a child is born to a physician or midwife, then the father, householder, etc., should make this return. If born, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

If a child is born to a woman, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.