

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 5.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
 Township of Bethesda  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

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

File No.—For State Registrar Only  
**32723**

Registration District No. 4401 Registered No. 73  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of ..... (No. .... St.; .... Ward)

(2) Full Name of Child Adeline Cassels  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 22 1922  
 To be answered only in case of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER  
 (8) FULL NAME James Givens  
 (9) PRESENT POSTOFFICE OF FATHER Guthrieville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Labourer  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Anna Marie Cassels  
 (15) PRESENT POSTOFFICE OF MOTHER Guthrieville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Field & Domestic  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Alice Hutchinson  
 (24) State, whether Physician or Midwife Midwife (Col) (25) Address of Physician or Midwife Guthrieville S.C.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 25 1922 (28) J. H. Stone  
 Registrar 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.