

(1) PLACE OF BIRTH

County of Adams

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State House of Representatives

37001

Registration District No. 2500Registered No. 146
(For use of Local Registrar)

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

(2) Full Name of Child Die S Cole If child is not yet named, give name of child at birth

(a) SEX <u>girl</u>	(b) AGE <u>2</u> years	(c) DATE OF BIRTH <u>Oct 2 1925</u>	(d) TIME OF BIRTH <u>11:30</u>
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FATHER

(1) NAME B S Cole(2) OCCUPATION fair play(3) COLOR white (4) AGE 630(5) BUILD 86(6) OCCUPATION farming(7) NUMBER OF CHILDREN 5

MOTHER

(1) NAME Francis Painter(2) OCCUPATION fair play(3) COLOR white (4) AGE 32(5) BUILD 66(6) OCCUPATION domestic(7) NUMBER OF CHILDREN 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)(29) (Signature) W E Mays(30) State whether Physician or Midwife fair play

Given name added from a supplementary report

Garnie Lairy
Feb 25(31) Witness
(Signature of Witness necessary only when question 28 is signed by mark)(32) Date Nov 2 1925 (33) A P Martin

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WEATHER PLAINLY. WITH WEATHERING INC-USE IN A PERMANENT REPORT.
 IN 2-3 CASES OF TUBES OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK TO
 FATHER-SON, No. 1. THE OTHER, No. 2, etc., in question 2.