

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
Township of Dodson
OR
Inc. Town of.....
OF
City of..... (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
35992

Registration District No. 31013 Registered No. 138
(For use of Local Registrar)

(2) Full Name of Child Adelle Terover

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? To be answered only in case of Twin or Triplet 5) Number in order of birth 1 6) Are Parents Married? yes 17) DATE OF BIRTH Oct 28 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

8) FULL NAME Henry Terover

14) NAME BEFORE MARRIAGE Mattie Canley

9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.

15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.

10) COLOR OR RACE colored 11) AGE AT LAST BIRTHDAY 30 (Years)

16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 38 (Years)

12) BIRTHPLACE Orangeburg, S.C.

18) BIRTHPLACE Orangeburg, S.C.

13) OCCUPATION Farming

19) OCCUPATION Farm Help

20) Number of children born to mother, including present birth 6

21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5-PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Sherman (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Newt A. Farley 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, S. C.