

FORM NO. 1  
 WHITE PLAIN, S. C.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Pickland  
 Township of .....

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

File No.—For State Registrar Only  
**16428**

Inc. Town of ..... or ..... Registration District No. 28 a Registered No. 1328  
 City of Columbia S.C. (No. 1913 Hervan ..... St. 2 ..... Ward .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Babby Adkins ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH May 4 21  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Bennie Adkins  
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Sadsen S.C.  
 (13) OCCUPATION Chauffer  
 (16) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Rosa Marshall  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Pongatec S.C.  
 (19) OCCUPATION House work  
 (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 born at 10 a M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary L. ...  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1222 ...

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed 5-5 1913 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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