

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7.00.. Registered No.
(For use of Local Registrar)

File No. — For State Registrar Only

13008

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

(2) Full Name of Child Alice Mary Adkins 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

Yes

(7) DATE OF BIRTH

May 23

FATHER.

(8) FULL NAME

W. M. Adkins

(9) PRESENT POSTOFFICE OF FATHER

Cross St.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

1/5

(12) BIRTHPLACE

Berkeley Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Adkins

(15) PRESENT POSTOFFICE OF MOTHER

Cross St.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Berkeley Co.

(19) OCCUPATION

Housewife

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Emma Hadley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cross St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 7, 1923

Local Registrar

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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.