

(1) PLACE OF BIRTH

County of LexingtonTownship of Holborn Creekor
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 Register Only

41590

Registration District No. 3108Registered No. 43

(For use of Local Registrar)

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

(2) Full Name of Child

O.

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

(1) BOY OR GIRL?

Girl

(4) Twin or triplet?

0

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 16, 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Adeline

(9) PRESENT POSTOFFICE OF FATHER

Zenithville S.C. R2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Lexington Co.

(13) OCCUPATION

Housewife

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

3

(15) NAME BEFORE MARRIAGE

Rosie Hendricks

(16) PRESENT POSTOFFICE OF MOTHER

Zenithville S.C. R2

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

26 (Years)

(19) BIRTHPLACE

Lexington Co.

(20) OCCUPATION

Housewife

(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 alive at 10:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. R. C. Hally

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Zenithville S.C.

(26) Given name added from a supplemental report

191

Registrar

(27) Witness

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

(28) Filed

January 24, 1934 (29) T. H. Shuff 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.

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.