

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46867

Registration District No. 9301

Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Alberta Adams

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 6th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen Adams

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Cheraw SC

(13) OCCUPATION

Laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Bell

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Bennettsville SC

(19) OCCUPATION

Housewife

(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 1:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mellie Grace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Bennettsville SC

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

1916

(28)

C. W. Pate
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

Law of Columbia.