

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 8

Form No. 1

(1) PLACE OF BIRTH

County of Durham
 Township of St. Michaels
 Inc. Town of St. Michaels
 City of St. Michaels

CERTIFICATE OF BIRTH

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

FILE NO.—For State Registrar Only
8261

Registration District No. 105 Registered No. 27
 (For use of Local Registrar)

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

(2) Full Name of Child Carrie Adair 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 No (7) DATE OF BIRTH 18 19
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill D. Adair
 (9) PRESENT POST OFFICE OF FATHER St. Michaels
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE St. Michaels
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Adair
 (15) PRESENT POST OFFICE OF MOTHER St. Michaels
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE St. Michaels
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St. Michaels

Given name added from a supplemental report

(26) Witness Dr. J. H. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) Dr. J. H. Smith 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.