

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Center
 or
 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 Registrar Only

11850

Registration District No. 380T Registered No. 10
 (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 Frank Aderson

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

(1) SEX OF CHILD Boy (2) Twin or Triplet No (3) Number in order of birth 1st (4) DATE OF BIRTH Feb 18 1923
 (To be answered only in case of Twin or Triplet) (Month) (Day) (Year)

FATHER.

(5) FULL NAME Charley Aderson
 (6) PRESENT RESIDENCE OF FATHER Post office State
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE County State
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE
 (15) PRESENT RESIDENCE OF MOTHER Post office State
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Year)
 (18) BIRTHPLACE County State
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Taylor
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lynchburg 20

Given name added from a supplemental report

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

(27) FILED Feb 26 1923 (28) A. B. Shell 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.

NOTE.—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 1.