

## (1) PLACE OF BIRTH

County of ChestnutTownship of Wassellor  
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

89009

Registration District No. 1107 Registered No. 100

(For use of Local Registrar)

St.        Ward       (2) Full Name of Child Adel Bailey

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 21 1906</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Harrison Benson(9) PRESENT POSTOFFICE OF FATHER Great Falls S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Cotton Mill work(20) Number of children born to mother, including present birth 10 no.

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Rafe(15) PRESENT POSTOFFICE OF MOTHER Great Falls S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Fairfield S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10 no.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Julian G. Gair(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wassell S.C.

Given name added from a supplemental report

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

(27) Filed 115-1017 (28) R. W. Venable 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.

McCaw, of Columbia.

Only

Registrar

Ward

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(Year)

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