

(1) PLACE OF BIRTH

County of Dixie
Township of Hopewell
or
Inc. Town of
or
City of (No. St.; Ward)
(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

71088

Registration District No. 206 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? yes

(7) DATE OF BIRTH 8 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul adduci

(9) PRESENT POSTOFFICE OF FATHER

Princeton, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Nichols

(15) PRESENT POSTOFFICE OF MOTHER

Princeton, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:15 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barth Knutts

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-31-16

(28) 1916

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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

PLEASE PRINT FULLY IN FILLING IN THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. THIS IS SECTION 2. STATE OF SOUTH CAROLINA. BUREAU OF VITAL STATISTICS. STATE BOARD OF HEALTH. CHARLESTON, S. C.