

(1) PLACE OF BIRTH

County of DixieTownship of Hopewellor
Inc. Town ofor
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

71088

Registration District No. 206Registered No. 22

(For use of Local Registrar)

St.; Ward)

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

8 20 1916

(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME

Paul adduci

(9) PRESENT POSTOFFICE OF FATHER

Priny, 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

Priny, 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 Priny, S.C. 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

....., 191.....

(26) Witness

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

(27) Filed

8-31-1916

(28)

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.

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