

(1) PLACE OF BIRTH

County of

Adlewille

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Department of Health

File No.—For State Registrar Only

62780

Township of

D. Davidson

or

Inc. Town

or

City of

*Adlewille*Registration District No. *107A*Registered No. *37*

(For use of Local Registrar)

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

(2) Full Name of Child *Thomas L. Cole Sather* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Jan 2 1918</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Thomas Sather</i>	(14) NAME BEFORE MARRIAGE <i>Ella S. Love</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Adlewille</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Adlewille</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> (Years)	
(12) BIRTHPLACE <i>Ad Co</i>		(18) BIRTHPLACE <i>Ad Co</i>		
(13) OCCUPATION <i>farmer</i>		(19) OCCUPATION <i>housewife</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11:40 P.* M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *T. Sather*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sather Adlewille

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed *6/10 1918*(28) *E. A. Sather*
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.

TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Law. of Columbia