

(1) PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23629

Township of

or

Inc. Town of

or

City of Columbia

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

Registration District No. 38 Registered No. 15-15

(For use of Local Registrar)

(No. 2606 Melwood Ave St.; Ward)(2) Full Name of Child John Henry Addison

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

(Name of Month) (Day) (Year) June 28 1922

FATHER.

(8) FULL NAME

Willie H. Addison

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

44 (Years)

(12) BIRTHPLACE

Richland Co., S.C.

(13) OCCUPATION

Transfer City of Columbia

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

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Josephine Turkie

(16) PRESENT POSTOFFICE OF MOTHER

Columbia

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

22 (Years)

(19) BIRTHPLACE

Orangeburg Co., S.C.

(20) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) B. K. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Columbia

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness

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

(27) Filed 7-20-1922(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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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.

MCC