

(1) PLACE OF BIRTH

County of CharlestonTownship of 1stInc. Town of 1stCity of 1st

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

67846

Registration District No. 1102Registered No. 67

(For use of Local Registrar)

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

2) Full Name of Child Bessie Wilcox

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Hubert Adams

(9) PRESENT POSTOFFICE OF FATHER

Charleston(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Fire Dept. Mgr.

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

1

MOTHER

(14) N/W BEFORE MARRIAGE

Mary Ellen Wilcox

(15) PRESENT POSTOFFICE OF MOTHER

Charleston(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Work

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:40 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Carroll P. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Medway

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 22, 1916

(28)

John H. Hume

Local Registrar

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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