

(1) PLACE OF BIRTH

County of Myrtle BeachTownship of Cadet Houseor
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

51713

Registration District No. 1203 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Adeline Segues { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 25, 1926</u>
<small>To be answered only in case of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Abe Regner(9) PRESENT POSTOFFICE OF FATHER McFarlan, N.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lindsay(15) PRESENT POSTOFFICE OF MOTHER McFarlan N.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Celine, at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Ann Conrad

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

Midwife McFarlan, N.C.(26) Witness D. G. Brock

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Mar. 25, 1926 (28) E. Mulloy Local Registrar

Given name added from a supplemental report

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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.

MARGIN INFORMATION FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. R.—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.