

(1) PLACE OF BIRTH

County of Pickens
 Township of Trask
 or
 Inc. Town of Albia
 or
 City of Esch

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 12.—For State Register Only
29760

Registration District No. 37 A. Registered No. 185
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Artie Andrew Adkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 17, 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Linney Lee Adkins
 (9) PRESENT POSTOFFICE OF FATHER Trask
 (10) COLOR OR RACE White AGE AT LAST BIRTHDAY 18 (Years)
 (11) BIRTHPLACE Pickens Co
 (12) OCCUPATION Textile Operative
 (13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Luba Kate Morris
 (15) PRESENT POSTOFFICE OF MOTHER Trask
 (16) COLOR OR RACE White AGE AT LAST BIRTHDAY 19 (Years)
 (17) BIRTHPLACE Pickens Co
 (18) OCCUPATION House work
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) 9 at A. M. on the date above stated. Hour M. or P. M.

(21) (Signature) W. A. Trapp

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Physician Trask #4

Given name added from a supplemental report

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

(25) Filed Sept. 18, 1923 (26) E. F. Wyatt 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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