

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only  
**75343**

County of Alberville

STATE OF SOUTH CAROLINA.

Township of Doussards

Bureau of Vital Statistics  
State Board of Health

Inc. Town of

Registration District No. 105

Registered No. 126  
(For use of Local Registrar)

City of

(No. .... St.; .... Ward)

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

(2) Full Name of Child Irene Adner

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>          </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>          </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

**MOTHER.**

(8) FULL NAME W. F. Adner

(14) NAME BEFORE MARRIAGE Eliza Robinson

(9) PRESENT POSTOFFICE OF FATHER Jones Path

(15) PRESENT POSTOFFICE OF MOTHER Jones Path

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 42  
(Years)

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 41  
(Years)

(12) BIRTHPLACE Alberville

(18) BIRTHPLACE Laurens Co

(13) OCCUPATION Farmer

(19) OCCUPATION Dom

(20) Number of children born to mother, including present birth 12

(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 Aline at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. L. Mathison

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

Midwife Jones Path

Given name added from a supplemental report

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

(27) Filed Sept 29, 1916 (28) [Signature] 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.

MARGIN RESERVED FOR BINDING. 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.