

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No. 9 A

Registered No. 35110

(For use of Local Registrar)

(No. Ashley Ave. St. 233 Ward)

(2) Full Name of Child

Baby Addison

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

SEX

(4) Type of Triplet

(5) Number in order of birth

(6) Are Twins Marked

(7) DATE OF BIRTH

Nov 6 1923

(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

William P. Addison

(10) PRESENT RESIDENCE OF FATHER

Charleston S.C.

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

26

(Years)

(13) BIRTHPLACE

Cattagene S.C.

(14) OCCUPATION

Mechanic

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

One

MOTHER.

(16) FULL NAME

Minnie E. Addison

(17) PRESENT RESIDENCE OF MOTHER

Charleston S.C.

(18) COLOR OR RACE

White

(19) AGE AT LAST BIRTHDAY

25

(Years)

(20) BIRTHPLACE

Cattagene S.C.

(21) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

11/22 1923

(29) J. Mercier, Green 22

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.