

Form No. 1

(1) PLACE OF BIRTH

County of *Aiken*Township of *Sharga*

or

Inc. Town of

or

City of *Monroville*(No. *Stump Run*..... St. Ward)

(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

36936

Registration District No. *204*Registered No. *80*

(For use of Local Registrar)

(2) Full Name of Child *Adolfo Leopold*

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

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are *yes*
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* at *1* *am* *M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *S. L. ...*(24) State whether Physician or Midwife (25) *Midwife* or Physician or MidwifeName added from a supplement-
tal report(26) Witness *C. A. ...*
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Nov. 17, 1912* (28) *W. R. Turnbull, Jr.*
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return. If
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.