

(1) PLACE OF BIRTH Union Co. S.C. **CERTIFICATE OF BIRTH**

County of Union STATE OF SOUTH CAROLINA.
Township of Santee Bureau of Vital Statistics
or Inc. Town of _____ State Board of Health

File No.—For State Registrar Only
28196

Registration District No. 4706 Registered No. 72
(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 _____ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6.25.22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME S. Adams

(14) NAME BEFORE MARRIAGE Janis Foster

(9) PRESENT POSTOFFICE OF FATHER Union Co. S.C.

(15) PRESENT POSTOFFICE OF MOTHER Union Co. S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Union Co. S.C.

(18) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION None

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. P. McHenry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monroe St.

Given name added from a supplemental report

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

(27) Filed 191 (28) _____ 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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