

MARGIN RESERVED FOR BINDING.

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

2. 2-25 use of TUBES OR TABLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

30747

(1) PLACE OF BIRTH

County of Alber.....

Township of Nebraska.....

Inc. Town of.....

OF

(If birth occurs in a hospital)

Registration District No. 204

Registered No. 98
(For use of Local Registrar)

(No. St. Ward
 of same instead of street and number.)

Only of (If birth occurs in a hospital or other institution, give name of same instead of street address.) If child is not yet named, make announcement report as directed.

(2) Full Name of Child ADRIAN J. 2-15-23

(c) Copy on file	(d) Title or Subject To be answered only in case of Title or Subject	(e) Number in series or date	(f) Page number	(g) Date received	(h) Name of donor	(i) Address of donor	(j) City	(k) State	(l) Zip
			32	08/17/69	J. Edgar Hoover	Washington D.C.	D.C.		20535

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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John. T. Freeman

(b) PRESENT ADDRESS North Augusta, S.C.

(1) NAME OF FATHER Kushner, William

(12) COLOR White

(11) AGE AT LAST BIRTHDAY 24

(13) COLOR White

(12) AGE AT LAST BIRTHDAY 20

ON PAGE 122

(15) CONTINUED

DATE 1/1/78

(15) CONTINUED

Aiken Co. Aiken Co.
THE CORPORATION

(12) Occupation Farmer

(26) Number of children born to this mother	2-	(27) Number of children of this mother now living, including present birth	2-
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CERTIFICATE OF ATTENDING PHYSICIAN ON BIRTH

I, John A. M. M.D., do hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the 10th day of April, 1911, at St. Louis, Mo.

(Signature of Physician) (Date & Place of Birth)

(22) I hereby certify that I am not a member of the _____ (Name of organization) on the date above stated. (Signature) *Mrs. Osler*

(10) State whether Physician or Midwife	(11) Address
midwife	North Chicago

Give date of birth and sex of person. For Women (Women necessary only)

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...the report is desired at this time for the purpose of pregnancy.