

(1) PLACE OF BIRTH
County of **RICHLAND**
Township of **LOWER**
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
78993

Registration District No. **3803** Registered No. **279**
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)

(2) Full Name of Child **Callie Addison**

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **—** (5) Number in order of birth **—** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Aug. 26** 19**16**
To be answered only in event of Twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Luther Taylor Addison**

(9) PRESENT POSTOFFICE OF FATHER **Exmore SC**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **37** (Years)

(12) BIRTHPLACE **Richland County**

(13) OCCUPATION **Farmer**

(14) Number of children born to mother, including present birth **Two**

MOTHER.
(14) NAME BEFORE MARRIAGE **Callie Addison**

(15) PRESENT POSTOFFICE OF MOTHER **Exmore SC**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **36** (Years)

(18) BIRTHPLACE **Richland County**

(19) OCCUPATION **House Keeper**

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **10** a. m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **L. H. Hootch**
(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Exmore SC**

Given name added from a supplemental report

191...

Registrar

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

(27) Filed **Sept 2 1916** (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.