

(1) PLACE OF BIRTH

County of Georgetown
 Township of #5
 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

4224

Registration District No. 7104 Registered No. 14
 (For use of Local Registrar)

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

(2) Full Name of Child Willie H. Adderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) 1 To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (7) DATE OF BIRTH July 4, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ezekiel Adderson</u>	(14) NAME BEFORE MARRIAGE <u>Dora Neals</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Plantersville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Plantersville</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)
(12) BIRTHPLACE <u>Georgetown Co S.C.</u>	(18) BIRTHPLACE <u>Georgetown Co S.C.</u>	(13) OCCUPATION <u>Public Works</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>two</u>	(21) Number of children of this mother now living, including present birth <u>two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betsy Small
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 14, 1922 (28) G. L. Ellis 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.