

(1) PLACE OF BIRTH

County of Jasper
 Township of Robt
 or
 Inc. Town of
 or
 City of (No. 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
 90443

Registration District No. 2602 Registered No. 100
 (For use of Local Registrar)

(2) Full Name of Child Ada Polite { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 16
Take account only in case of twins or triplets (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|--|---|--|
| (8) FULL NAME <u>Gornes Polite</u> | (14) NAME BEFORE MARRIAGE <u>Bessie Fair</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Pineland SC R1</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Pineland SC R1</u> |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (12) BIRTHPLACE <u>Near Pineland SC</u> | (18) BIRTHPLACE <u>Near Pineland SC</u> | (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Farm Help</u> |
| (20) Number of children born to mother, including present birth <u>1</u> | (21) Number of children of this mother now living, including present birth <u>1</u> | CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | |

(22) I hereby certify that I attended the birth of this child, who was Alive at 5pm M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Cloria Jenkins
 (24) State whether Physician or Midwife Wwife (25) Address of Physician or Midwife Pineland SC

Given name added from a supplemental report
 191.....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
12 19 16 E E Conniffe
 (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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BLANK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCay, of Columbia.