

(1) PLACE OF BIRTH

County of Greene

Township of Wagner

or
Inc. Town of

or
City of

(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

47011

Registration District No. 35-06 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child: Pedron A. Adles

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin Form or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE June 5 BIRTH (Name of Month) (Day) (Year) 1916

FATHER.

(8) FULL NAME A. Miles Adles

(9) PRESENT POSTOFFICE OF FATHER West Union

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Greene Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Smith

(15) PRESENT POSTOFFICE OF MOTHER West Union

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Greene Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.) 6.40 A.M.

(23) (Signature) John H. McFarland

(24) Station (Father Physician or Midwife) (25) Address of Physician or Midwife

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

(27) Filed 7/2 1916 (28) D.A.M. Jones Local Registrar.

Given name added from a supplemental report
..... 191.....
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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.

WRITER PLAINLY, WITH UNFADING INK, MAKE UP A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIRD OTHER, No. 3, etc., in question 5.
 S. C. of Columbia