

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Piscataway S.C.
Township of 11
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
23593

Registration District No. 3006 Registered No. 16
(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 Charlie Adams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH June 20-3-2
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Adams
(9) PRESENT POSTOFFICE OF FATHER Piscataway S.C.
(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lola Chapman
(15) PRESENT POSTOFFICE OF MOTHER Piscataway S.C.
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joe Adams
(24) State whether: Physician or Midwife (25) Address of Physician or Midwife Piscataway S.C.

Given name added from a supplemental report
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19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (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.