

Form No. 1

(1) PLACE OF BIRTH

County of AdamsTownship of Wagneror
Inc. Town ofor
City of

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

(2) Full Name of Child Adrian Elmore(3) ~~Boy or~~ GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Richard(9) PRESENT POSTOFFICE OF FATHER Walthalla S.S.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Adams Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mena Galloway(15) PRESENT POSTOFFICE OF MOTHER Walthalla S.S.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE W.S.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Sloan M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walthalla S.S.

Given name added from a supplemental report

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

(27) Filed Nov 9 1922 (28) M. A. Lee 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOIL EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
39580Registration District No. Registered No. 110
(For use of Local Registrar)

(No. St. Ward)