

(1) PLACE OF BIRTH
County of Charlottesville
Township of h
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
88966

Registration District No. 1102 Registered No. 98
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Nov. 29, 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. P. McAdley
(9) PRESENT POSTOFFICE OF FATHER Jamperile
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer Merchant
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Brookfield
(15) PRESENT POSTOFFICE OF MOTHER Loumyville
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Charlottesville
(19) OCCUPATION Cb
(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 born at 3-10 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. M. Love
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness
(Signature of witness necessary only when question 23 is signed by mark)
(27) Filed Jan 3 1917 (28) James H. Hume 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.

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fifth month of pregnancy.

MADE 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.
McCurry, of Columbia.