

(1) PLACE OF BIRTH

County of RichlandTownship of Columbia

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

16572

Registration District No. 38042 Registered No. 16 (For use of Local Registrar)

City of (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 1 1912</u> (Name of Month) (Day) (Year)
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FATHER.

1) FULL NAME Petter gadson9) PRESENT POSTOFFICE OF FATHER Columbia10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)12) BIRTHPLACE Richland13) OCCUPATION farmer

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

MOTHER.

14) NAME BEFORE MARRIAGE Sarah mackee15) PRESENT POSTOFFICE OF MOTHER Columbia16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)18) BIRTHPLACE Richland19) OCCUPATION Handsewer21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 P.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) E. A. Bell midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Col #3

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 1 1912 (28) L. N. Taylor 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.