Form No. 1

(1) PLACE OF BIRTH

County of Laurens Co.

Township of Barksdale

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
3516

Registration District No. 1401 Registered No. 6
(For use of Local Registrar)

(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 Adie Finkfient

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? / (5) Number in order of birth / (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 7 1923 (Month) (Day) (Year)

(Twin or Triplet: To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Nancy Finkfient

(9) PRESENT POSTOFFICE OF FATHER Walterboro S C

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Carolina

(13) OCCUPATION Part time work

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Adams

(15) PRESENT POSTOFFICE OF MOTHER Walterboro S C

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Laurens Co

(19) OCCUPATION Farming

(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 Normative (Born alive or stillborn) at 6 a. m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Harrison

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Raffin S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar 7 1923 (28) K. W. Breland
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.

N B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHERS, No. 2, etc., in question 5

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD

McCaw of Columbia, Columbia S C