

(1) PLACE OF BIRTH

County of Charleston
 Township of Summerville
 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

41503

Registration District No. 10-13 Registered No. 149
 (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 Adell Dowel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 29, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME August Humphries
 (9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Charleston Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maryann Dowel
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Farmer
 (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 8 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Addams Michels
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C. R1

Given name added from a supplemental report

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

(27) Filed Dec 31, 1922 (28) H. P. Rutledge 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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