

WRITED PLAINLY. WITH READING ENTRIES—THIS IS A PERMANENT RECORD, and mark the
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

(1) PLACE OF BIRTH

County of Sevington
Township of "
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
43567

Registration District No. 3109 Registered No. 126
(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

Frances Vincile Addy

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

3 BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Lennie Brooks Addy
9 PRESENT POSTOFFICE OF FATHER Sevington S.C.
10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
12 BIRTHPLACE Sevington
13 OCCUPATION R. F. P. Carrier

MOTHER.

14 NAME BEFORE MARRIAGE Ila Mae Hook
15 PRESENT POSTOFFICE OF MOTHER Sevington S.C.
16 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
18 BIRTHPLACE Sevington
19 OCCUPATION Domestic

20 Number of children born to mother, including present birth Five (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:45 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. F. Roberts
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Sevington

Given name added from a supplemental report

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

(27) Filed Jan. 9, 1923 (28) Mrs. O. E. Taylor Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillborns born at the month of pregnancy.