

(1) PLACE OF BIRTH

County of Hickory
 Township of Windsor

or
 Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
62890

Registration District No. 215 Registered No. 4
 (For use of Local Registrar)

City of

(2) Full Name of Child Maud } 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? Yes (7) DATE OF BIRTH June 19 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elijah Louis Sadler

(9) PRESENT POSTOFFICE OF FATHER Montross

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Wells Place

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Scott

(15) PRESENT POSTOFFICE OF MOTHER Montross

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE Wells Place

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alicia Page

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Montross

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 June 26 1916 (28) D. L. Woods 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.