

## (1) PLACE OF BIRTH

County of *Williams*Township of *Jackson*or  
Inc. Town of

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

75120

Registration District No. *4304* Registered No. *99*  
(For use of Local Registrar)(2) Full Name of Child *Addie Russell* { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet? *X*

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth *X*(6) Are  
Parents  
Married? *No*(7) DATE OF  
BIRTH *Aug. 30, 1916*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE *Npr*(11) AGE AT LAST  
BIRTHDAY *21*

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(14) NAME BEFORE  
MARRIAGE *Lizzie Davis*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Hamway St.*(16) COLOR  
OR  
RACE *Npr*(17) AGE AT LAST  
BIRTHDAY *21*

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 *born alive* at *2 P. M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. A. H. H. H.*

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

Given name added from a supplement-  
tal report

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

Registrar

(26) Witness *H. L. H. H. H.*  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Sept. 10, 1916* (28) *R. L. H. H.* 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.