

(1) PLACE OF BIRTH

County of *Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

80500

Township of

or

Inc. Town of

or

City of *Charleston*Registration District No. *9A*Registered No. *1081*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. *7* Ward *6*(2) Full Name of Child *Adebaide Eliza Fishburn*

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

To be answered only in case of twins or triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *Oct 4 1916*

FATHER.

(8) FULL NAME

Edward Stokes Fishburn

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Walterboro SC

(13) OCCUPATION

Cashier Street R.R. Office

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

Sixth

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Eva Purnst.

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Charleston SC

(19) OCCUPATION

Wife

(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 *Born alive* at *8:00 A* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Shirley Wilson M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Charleston SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10/9 1916*

(28)

J. Mercier 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.

FORM NO. 1 (REVISED 1915) PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. 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.