

## File No.—For State Registrar Only

6540

(For use of Local Registrar)

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(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bergin Lucile Adams If child is not yet named, make supplemental report as directed

2) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth *5* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb. 27, 1933*  
(Name of Month) (Day) (Year)

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Joie Richardson*

(18) PRESENT POSTOFFICE OF MOTHER *Pineau Lane*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *26*  
(YRS)

(10) BIRTHPLACE

Saluda Co

(19) OCCUPATION  
Farm laborer.

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

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:30 AM,  
on the date above stated. (Born alive or still born Hour, M. or P. M.)

(23) (Signature) India Butler

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

(27) Filed ..... 19 .... (28) ..... 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.