

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
Township of Colleton
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
28143

Registration District No. 1706 Registered No. 19
(For use of Local Registrar)

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

(2) Full Name of Child Adam Middleton

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

3) BOY OR GIRL Boy 4) Twin or Triplet X 5) Number in order of birth 1 6) Age 4 7) DATE OF BIRTH Sept 23
(Name) (Month) (Day) (Year)

FATHER			MOTHER		
8) FULL NAME <u>Elmer Middleton</u>	10) NAME BEFORE MARRIAGE <u>Maryie Ladson</u>		10) NAME BEFORE MARRIAGE <u>Maryie Ladson</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>	11) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>		11) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>		
12) COLOR OR RACE <u>Negro</u>	13) AGE AT LAST BIRTHDAY <u>21</u>		12) COLOR OR RACE <u>Negro</u>	13) AGE AT LAST BIRTHDAY <u>20</u>	
14) BIRTHPLACE <u>Dorchester Co</u>	15) BIRTHPLACE <u>Dorchester Co</u>		14) BIRTHPLACE <u>Dorchester Co</u>	15) BIRTHPLACE <u>Dorchester Co</u>	
16) OCCUPATION <u>Rail Road Hand</u>	17) OCCUPATION <u>House wife</u>		16) OCCUPATION <u>House wife</u>	17) OCCUPATION <u>House wife</u>	
18) Number of children born to mother, including present birth <u>One</u>	19) Number of children of this mother now living, including present birth <u>One</u>		18) Number of children born to mother, including present birth <u>One</u>	19) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Romulus (Sex) M. on the date above stated.
(Date given or Stillborn) (Hour) (M. or P. M.)

(21) (Signature) Shirley Boston
(22) State whether Physician or Midwife Mid wife (23) Address of Physician or Midwife Red Bank St.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed Sept 23 (26) P. Boyle 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.