(1) PLACE OF BIRTH

County of Berkeley

Township of St. Stephens

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

3275

Registration District No. 705 Registered No. 18

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Vivian Addison

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
C			Yes	Feb. 21, 1922

FATHER.

(9) FULL NAME Jesse Addison

(9) PRESENT POSTOFFICE OF FATHER St. Stephens

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE St. Stephens

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5 6

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Gaillard

(15) PRESENT POSTOFFICE OF MOTHER St. Stephens

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE St. Stephens

(19) OCCUPATION Farm-wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 7 P. M., on the date above stated.

(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Jesse Addison

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

midwife St. Stephens

Given name added from a supplemental report

..... 19.....

Registrar

(26) Witness .....

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

(27) Filed Feb. 25 1922 (28) M. A. Floyd

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.

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MARRIAGE RECORDS FOR PUBLIC INSPECTION.
WHERE PLAINTIFF'S, ATTY'S OR DEFENDANT'S NAME IS GIVEN IN NOTICE PUBLICATION
N. B.—In case of TWINS OR TRIPLETS state in addition to FULL NAME (CHILD) and number after
Form No. 8-B
MEDICAL DEPARTMENT OF COLUMBIA, S. C.