

(1) PLACE OF BIRTH

County of Berkley
 Township of St. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 70

No. 346
 Registered No. 7
 (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 Adella Berne If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Type or Figure To be entered only in case of Twins or Triplets (5) Number in order of birth 1st (6) Age at Birth 23 (7) DATE OF BIRTH Jan 9, 1923

FATHER: (10) FULL NAME David Berne (11) PRESENT RESIDENCE OF FATHER Birmingham (12) COLOR Col (13) AGE AT LAST BIRTHDAY 25 (14) BIRTHPLACE IL (15) OCCUPATION Farmer (16) Number of children born to mother, including present birth 4

MOTHER: (14) NAME BEFORE MARRIAGE Nellie Palmer (15) PRESENT RESIDENCE OF MOTHER Birmingham (16) COLOR Col (17) AGE AT LAST BIRTHDAY 22 (18) BIRTHPLACE IL (19) OCCUPATION Housewife (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... Alia... on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)

(22) (Signature) Mary Trust (23) State whether Registered Midwife (24) Address of Physician or Midwife Birmingham

Given name added from a supplemental report
 19
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Signed Feb 4, 1923 (27) J. E. McEachern

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.