

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Stateburg  
 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

92032

Registration District No. 4109 Registered No. 119  
 (For use of Local Registrar)

City of ..... (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 Sallie Adkinson child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 6  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Adkinson</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie James</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Horatio SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Horatio SC</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Sumter Co.</u>	(18) BIRTHPLACE <u>Sumter Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Adkinson  
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Horatio SC

Given name added from a supplemental report

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

(26) REGISTRAR Dec 25 1916 (27) LOCAL REGISTRAR Benny Sandus

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.

RECEIVED BY THE REGISTRAR FOR THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, AT THE CITY OF COLUMBIA, S. C. THIS 25th DAY OF DECEMBER, 1916. ATTEST: REGISTRAR