

File No.—For State Registrar Only

46811

Registration District No. 33-A

Registered No. ....  
(For use of Local Registrar)

REG. NO. . . . .  
(For use of Local Registrar)

(No. \_\_\_\_\_)      Date: \_\_\_\_\_      Writings

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

..... Elizabeth (Potter) ( If child is not yet named make

(2) Full Name of Child.

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

(3) BOY OR GIRL? *41*

(4) Twin  
or Triplet?

(5) Number in order of birth  
event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH May 26<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

## FATIGUE

# MOTHER

(8) FULL NAME Adam Peterson

(14) NAME BEFORE MARRIAGE *Sallie Wright*

(9) PRESENT POSTOFFICE OF FATHER: Bennettsville SC

(15) PRESENT POSTOFFICE OF MOTHER *Summitville, Ill*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Summerville SC

(18) BIRTHPLACE Farmingtonville Ct

(13) OCCUPATION *Farming*

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { *Seven* .....

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born, at 24 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. H. H. H.

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

Given name added from a supplemental report

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

(27) Filed *Aug 09* 191*6* (28) *cc cc vcc* 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.