

(1) PLACE OF BIRTH

County of ... *Aransas* .....  
Township of ... *Tahernashk*or  
Inc. Town of .....  
or  
City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Register Only

2660

Registration District No. 201... Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child... *Adelisse Charles* ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>False</i>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 17, 1941</i> (Name of Month) (Day) (Year)
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FATHER

MOTHER

(8) FULL NAME <i>John Charles</i>	(14) NAME BEFORE MARRIAGE <i>Alice Hickman</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Kitchensville, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Kitchensville, S.C.</i>
(10) COLOR OR RACE <i>Negro</i>	(16) COLOR OR RACE <i>Negro</i>
(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)
(12) BIRTHPLACE <i>South Carolina</i>	(18) BIRTHPLACE <i>South Carolina</i>
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Housewife</i>

(20) Number of children born to  
mother, including present birth { ..... 3 .....(21) Number of children of this mother  
now living, including present birth { ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive at* ..... 4 *P.M.*  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Mary Ann & Heatherlee*....  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife*Midwife Kitchensville, S.C.*

Given name added from a supplemental report

..... 101 .....

Registrar

(26) Witness *Mrs. J. C. Courtney*.....  
(Signature) of Witness necessary only  
When question 23 is signed by mark(27) Filed *Feb. 25, 1941, S* (28) *Mrs. J. C. Courtney,*  
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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