

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamstonor  
Inc. Town ofor  
City of

(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 Registrar Only

71336

Registration District No. 714Registered No. 5-2

(For use of Local Registrar)

(2) Full Name of Child. Addie Lee Cole

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 31, 1916</u>
(Name of Month) (Day) (Year)				

## FATHER.

(8) FULL NAME Stites Cole

(9) PRESENT POSTOFFICE OF FATHER Williamston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Georgetown Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Stokes

(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Abbeville Co. S.C.

(19) OCCUPATION Housewife

(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 Alive at 3:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. L. Kingston M.D.

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

Physician Williamston S.C.

Given name added from a supplemental report

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

(27) Filed 9/6 1916 (28) Ed. H. Poore 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.

MARGIN IS RESERVED FOR BINDING. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE SECOND, NO. 2, ETC., IN QUESTION 5.