

(1) PLACE OF BIRTH

County of *York*
 Township of *Spring*
 or
 Inc. Town of *Fair Forest*
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9195

Registration District No. *4008*Registered No. *54*
(For use of Local Registrar)(No. *1* St.; *1* Ward)

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

(2) Full Name of Child

Adwell

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Single

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

2/10/22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wes Adwell

(9) PRESENT POSTOFFICE OF FATHER

Fair Forest

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY *38*
(Years)

(12) BIRTHPLACE

Worcester, N.C.

(13) OCCUPATION

Farmer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Fair Forest

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY *35*
(Years)

(18) BIRTHPLACE

Lancaster Co., N.C.

(19) OCCUPATION

House-keeper

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *White* at *2:30* P. M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

W. P. Coover, M.D.

(25) Address of Physician or Midwife

Springfield, N.C.

Given name added from a supplemental report:

(26) Witness

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

(19) Registrar

(27) Date

Mar. 12, 1922

(28)

E. F. Parker

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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