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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town ofor
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

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

(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 Selden Berkley Adams { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>A</u>	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents Married?	8. Date of birth <u>Aug. 8, 1916</u> 19__ (Month, day, year)
		5. Number, in order of birth	Full term		

9. Full name FATHER
Stacy Adams18. Name before marriage MOTHER
M.E. Clinkscales10. Residence (mailing address)
(If non-resident, give place and State) Anderson, S.C.19. Residence (mailing address)
(If non-resident, give place and State) 205 Maple St. Anderson, S.C.11. Color or race Negro 12. Age at child's birth 43 (years)20. Color or race Negro 21. Age at child's birth 25 (years)13. Birthplace (city or place)
(State or country) Iva, S.C.22. Birthplace (city or place)
(State or country) Level Sand, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ✓

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year last engaged in this work) all life 19__

25. Date (month and year last engaged in this work) 19__

27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation	months weeks	29. Cause of stillbirth	Before labor	During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 2 o'clock P. m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) M.E. Clinkscales Adams, Parent

or _____, Guardian

Given name added from
a supplementary report _____Address 205 Maple St. Anderson, S.C.Filed 2-12, 1916 M.B. Woodland M.D.

Registrar.

Registrar.