

(1) PLACE OF BIRTH  
(1) PLACE OF BIRTH  
County of Richland  
Township of Low

or  
Inc. Town of  
or  
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

Registration District No. 803

File No. For State Registrar Only  
32018

Registered No. 2151  
(For use of Local Registrar)  
SL: Ward

2) Full Name of Child Ruth Adam

(3) BOY OR GIRL? Girl  
(4) Twin or Triplet? No  
(5) Number in order of birth 1  
Is conveyed only in case of twins or triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH Sept 23 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(22) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE MOTHER Julia Adams

(15) PRESENT POSTOFFICE OF MOTHER Congaree

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susana Wright

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 24 (28) J. P. Smith 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.

Before the fifth month of pregnancy