

(1) PLACE OF BIRTH

County of Union

Township of

Inc. Town of

City of Union

(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

File No. — For State Registrar Only

2648

(2) Full Name of Child Elizabeth S. Adams (If child is not yet named, make supplemental report as directed)(3) SEX GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Stokes J. Adams(9) PRESENT POSTOFFICE OF FATHER Durham S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Business Operator(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth S. Adams(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Camden Co N.C.(19) OCCUPATION Housewife(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 born alive (Hour A. M. or P. M.) 6 A. on the date above stated.(23) (Signature) J. K. Smith

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

Physician Union S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-10-1922 (28) O. S. Barratt 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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THIS IS A PRELIMINARY AND A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FILLED IN FULL FOR EACH CHILD. NO. 1. THIS FORM, NO. 2, ETC., IN QUESTION 6.