

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of Pidgeon  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar's  
**20867**

Registration District No. 1907 Registered No. 45  
 (For use of Local Registrar)

City of ..... (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 Lizzie Addams (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type or Name Inf. (5) DATE OF BIRTH Jan 24, 1923  
 To be answered only in case of Twin or Triplets

## FATHER.

(6) FULL NAME Mose W. Addams

(7) PRESENT POSTOFFICE OF FATHER Pidgeon

(8) COLOR OR RACE Color (9) AGE AT LAST BIRTHDAY 42 (Year)

(10) BIRTHPLACE Pidgeon

(11) OCCUPATION Farming

(12) Number of children born to mother, including present birth 110

## MOTHER.

(13) NAME BEFORE MARRIAGE Ellen M. Addams

(14) PRESENT POSTOFFICE OF MOTHER Pidgeon

(15) COLOR OR RACE Color (16) AGE AT LAST BIRTHDAY 32 (Year)

(17) BIRTHPLACE Pidgeon

(18) OCCUPATION Farming

(19) Number of children of this mother now living, including present birth 110

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(21) (Signature) [Signature] (22) Address of Physician or Midwife [Address]  
 (23) State whether Physician or Midwife

(Given name added from a supplemental report)

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

(25) Filed 7/15/23 (26) 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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