

MAINTAIN READABLE AND INDIVIDUAL RECORD.  
WRITE PLAINLY, WITH UNFADEING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

State of Columbia

(1) PLACE OF BIRTH County of <u>Updegraves</u> Township of <u>Brookway</u> or Inc. Town of or City of		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <u>47967</u>	
Registration District No. <u>301</u>		Registered No. <u>12</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Georgia Adams</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OR GIRLS <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 23 6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Henry Adams</u>			(14) NAME BEFORE MARRIAGE <u>Palmyra Clement</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Greenwood County</u>			(18) BIRTHPLACE <u>Anderson County</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:00</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. C. Adams</u>					
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report <u>191</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Mar 16 1916</u> (28) <u>W. C. Campbell</u> 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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