

1) PLACE OF BIRTH

County of Richland
 Township of De Kalb
 or
 City of

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

No. for State Registrar's Use
14581
68

Registration District No. 2701 Registered No.
 (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 Reby Adams If child is not yet named, make supplemental report as directed

3) SEX Boy 4) Type of Birth ☒ Single ☐ Twin ☐ Triplet
 5) Number in order of birth ☒ 1st ☐ 2nd ☐ 3rd
 6) Age of Mother 24 7) DATE OF BIRTH 3 17 73
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Jimmie Adams
 9) PRESENT RESIDENCE OF FATHER Camden R-30 #2
 10) COLOR Col 11) AGE AT LAST BIRTHDAY 33
 (Years)
 12) BIRTHPLACE Camden D.C.
 13) OCCUPATION Farmer
 14) Number of children born to mother, including present birth 3

MOTHER.
 15) NAME BEFORE MARRIAGE Marie Skelaford
 16) PRESENT RESIDENCE OF MOTHER Camden R-30 #2
 17) COLOR Col 18) AGE AT LAST BIRTHDAY 31
 (Years)
 19) BIRTHPLACE Camden R-30 #2
 20) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23) (Signature) J. Thomas 24) State whether Physician or Midwife
 25) Address of Physician or Midwife Camden D.C.

Given name added from a supplemental report
 26) Witness (Signature of Witness necessary only when question 25 is signed by a physician or midwife)
 27) Filed May 18 1973 28) J. Thomas Local Registrar

When there was no attending physician or midwife, then the father, householders, 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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