

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town of Richmondor
City of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 100

File No. — For State Registrar Only

267

Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Adams Kearhne (If child is not yet named, make supplemental report as directed)(7) BOY OR GIRL Boy (8) Twin or Triplet? No (9) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11 1922
(Name of Month) (Day) (Year)

FATHER

(10) FULL NAME Adams Kearhne (14) NAME BEFORE MARRIAGE Carrie Dorn(11) PRESENT POSTOFFICE OF FATHER Richmond, S.C. (15) PRESENT POSTOFFICE OF MOTHER Richmond, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Year) (18) COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Richmond (13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2 (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 at Richmond on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Perin Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness John C. Carter (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 11 1922 (28) 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.