

WRITE PLAINLY, WITH UNFADING 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 5.

## (1) PLACE OF BIRTH

County of *Williamsburg*  
Township of *Monkton*  
or  
Inc. Town of .....  
or  
City of .....

(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 Only

75148

Registration District No. *4306*. Registered No. *72*.....  
(For use of Local Registrar)

(2) Full Name of Child *David Adams* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 20, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willie Adams*  
(9) PRESENT POSTOFFICE OF FATHER *Cades SC*  
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *28* (years)  
(12) BIRTHPLACE *Williamsburg Co*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth { *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lue Smith*  
(15) PRESENT POSTOFFICE OF MOTHER *Cades*  
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *24* (years)  
(18) BIRTHPLACE *Williamsburg Co*  
(19) OCCUPATION *House wife*  
(21) Number of children of this mother now living, including present birth { *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Laura Epps*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *R. M. Smith*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 7, 1916* (28) *J. T. Finson*  
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.