

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town ofor
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

71123

Registration District No. 211Registered No. 13

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

John 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 2(6) Are Parents Married? Yr

(7) DATE OF BIRTH

Aug 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Adams

(9) PRESENT POSTOFFICE OF FATHER

Linton SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

Edgewood SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

M. Harris

(15) PRESENT POSTOFFICE OF MOTHER

Linton SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Edgewood SC

(19) OCCUPATION

Farmer

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. A. Marshall M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Linton SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9-14 1916

(28)

W. J. Hunter 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.
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. 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.

McMurray of Columbia