

(1) PLACE OF BIRTH

County of Richmond  
Township of Richmond  
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  
71123

Registration District No. 211 Registered No. 13  
(For use of Local Registrar)

(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? None (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Adams  
(9) PRESENT POSTOFFICE OF FATHER Linton S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Richmond S C  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE M. Hayes  
(15) PRESENT POSTOFFICE OF MOTHER Linton S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Edgefield S C  
(19) OCCUPATION Farmer  
(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) J. A. Marshall M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Linton S C

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 9/4 1916 (28) M. J. ... 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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THIS MARGIN RESERVED FOR BINDING. STAINED, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK (1) FIRST-BORN, NO. 1, AND OTHERS, NO. 2, 3, ETC., IN QUESTION 5.