

(1) PLACE OF BIRTH

County of Richland
Township of Hamlet
or
Inc. Town of.....
or
City of.....

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

No. 1- for State Registration
31607

Registration District No. 3-45-77 Registered No. 74
(For use of Local Registrar)

(No. St.) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Thelma Lucille McAdams

(3) MALE (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 15 - 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Arthur B. Glisson
(9) PRESENT POSTOFFICE OF FATHER Hamlet
(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 28
(Year)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Clara Bell McAdams
(15) PRESENT POSTOFFICE OF MOTHER Hamlet
(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 26
(Year)
(18) BIRTHPLACE Ind. Co.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.M.
(Born alive or stillborn) (Time of day or P. M.)
(22) (Signature) [Signature]
(23) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(25) Filed D.C. 1 1923. (26) J. T. Gallaway
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.