

State of South Carolina, Columbia, S. C.
County of Orangeburg, No. 9, etc., in question 1.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orange
or
Inc. Town of
of

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

Registration District No. 3413

No. -- For State Registrar Only
8746

Registered No. 28
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 24 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Adams</u>	(14) NAME BEFORE MARRIAGE <u>Edna Mintz</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C. R70</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Orangeburg Co., S.C.</u>	(18) BIRTHPLACE <u>Orangeburg Co., S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House & farm work</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

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) Mary Jenkins
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) D. S. Jones

When there was no attending physician or midwife, the father, householder, etc., should make this report. No report is desired of stillbirth. Return this to the State Board of Health.