

MARGIN RESERVED FOR BINDING.

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 8.

(1) PLACE OF BIRTH  
County of ... Union ...  
Township of ... Princeton ...  
or  
Inc. Town of ...  
or  
City of ... (No. ... St. ... Ward)  
(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  
**44835**

Registration District No. H. 205 Registered No. ... 47 ...  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 15, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Benz. F. Adams</u>			(14) NAME BEFORE MARRIAGE <u>Hettie Vandenberg</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Adamsburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Adamsburg S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Union S.C.</u>			(18) BIRTHPLACE <u>Union S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ... at 10 P. on the date above stated. (Born alive or stillborn) (Hour A. M. ...)

(23) (Signature) W. L. Hopf  
(24) State whether Physician or Midwife Physician (25) Address of Physician Adamsburg S.C.

(Given name added from a supplemental report) ...  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) ...  
(27) Filed May 10, 1924 (28) W. L. Hopf Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once. If a child breathes even once, it must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.