

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar  
**74123**

(1) PLACE OF BIRTH

County of Orange

Township of Orange

Inc. Town of

Registration District No. 3505 Registered No. 141

(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 Adams { If child is not yet named, make supplementary 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 Aug. 29, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

| FATHER   |   | MOTHER  |  |
|--|---|---|--|
| (8) FULL NAME <u>Walter F. Adams</u>                                     | (14) NAME BEFORE MARRIAGE <u>George P. Adams</u>                                    | (9) PRESENT POSTOFFICE OF FATHER <u>Westminster, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Westminster, S.C.</u> |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>32</u> (Years)   | (16) COLOR OR RACE <u>White</u>                           | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years)                |
| (12) BIRTHPLACE <u>South Carolina</u>                                    | (18) BIRTHPLACE <u>South Carolina</u>   | (13) OCCUPATION <u>Day Laborer</u>                        | (19) OCCUPATION <u>Housewife</u>                           |
| (20) Number of children born to mother, including present birth <u>4</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |   |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. S. Adams  
(24) State whether Physician or Midwife and address of Physician or Midwife Westminster, S.C.

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

(26) Witness W. F. Staldan  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 26, 1916 (28) W. F. Staldan 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.

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 5.  
Caw. of Columbia.