

(1) PLACE OF BIRTH

County of Edgefield
 Township of Pickens
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
32021

Registration District No. 1808 Registered No. 38
 (For use of Local Registrar)

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

(2) Full Name of Child Aifelour Adams

(1) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 25, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Johnnie Adams</u>			(14) NAME BEFORE MARRIAGE <u>Minnie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	
(10) COLOR OR RACE <u>W. gro</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>W. gro</u>	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farm help</u>		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Santha Holloway
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgefield, 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 11/14/23 (28) Chadham 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.