

Form No.

(1) PLACE OF BIRTH

County of

Township of

Incl. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18419

Registration District No. 1205

Registered No. 41
(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.)(2) Full Name of Child Martha Adams child is not yet named, make supplemental report as directed

3 Sex of Child <u>Female</u>	4 Twin or Triplet? <u>1</u>	5 Number in order of birth <u>3</u>	6 Are Parents Married? <u>yes</u>	DATE OF BIRTH <u>May 27th 1922</u> (Name of Month) (Day) (Year)
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FATHER.

5 FULL NAME Richard Adams9 PRESENT POSTOFFICE OF FATHER Reevesville S.C.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farming14 Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Rhett(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) Hattie Lee Brown(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. O. Cleland

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

(27) Filed June 12th 1922 (28) E. O. Cleland Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. Child must breathe even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHERE PLACED IN A PERMANENT RECORD WITH UNFADING INK—THIS IS A SEPARATE REPORT FOR EACH CHILD and mark the

N B—In case of TWIN or TRIPLET, use a SEPARATE REPORT FOR EACH CHILD, No. 2, etc., in question 2

RECORD OF BIRTHS, DEATHS, AND MARRIAGES, FORM NO. 1, 1917, REVISED 1922