

(1) PLACE OF BIRTH

County of NewburyTownship of No.or
Inc. Town ofCity 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

39510

Registration District No. 3408 Registered No. 79
(For use of Local Registrar)(2) Full Name of Child. Jacob Thomas Adams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo P. Adams(9) PRESENT POSTOFFICE OF FATHER Newbury SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Newbury Leo SC(13) OCCUPATION Mail Carrier(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Reynolds(15) PRESENT POSTOFFICE OF MOTHER Newbury SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. O. Hunt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newbury SC

Given name added from a supplemental report

July 12 1911
M. B. Bordman, M.D.
Registrar

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

(27) Filed Dec 4, 1911 (28) S. L. Cunningham
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.

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