

(1) PLACE OF BIRTH

County of Anderson

Township of

OR
Inc. Town ofOR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Matthe Ruth Adams

File No.—For State Registrar Only

40762

Registration District No. 3ARegistered No. 501
(For use of Local Registrar)

(3) SEVER GIRL?	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 27, 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL
NAME J. B. Adams(9) PRESENT
POSTOFFICE
OF FATHER Anderson, S. C.(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE
Brownsville, Ga(13) OCCUPATION
Road Builder(20) Number of children born to
mother, including present birth { 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Annie Bell Davis(15) PRESENT
POSTOFFICE
OF MOTHER Anderson, S. C.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 37
(Years)(18) BIRTHPLACE
Westminster, D. C.(19) OCCUPATION
Domestic(21) Number of children of this mother
now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. H. Crayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tary report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19 (28) ANDERSON Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.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.