

(1) PLACE OF BIRTH

County of Anderson

Township of _____

or Inc. Town of Piedmont

or City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
40771

Registration District No. 3, B. Registered No. 27
(For use of Local Registrar)

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

(2) Full Name of Child W. B. III Adams } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 18 22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm W Adams</u>		(14) NAME BEFORE MARRIAGE <u>Annie Patterson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Septic Work</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. Howard Reeves

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(26) Witness R. W. Reeves
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled Dec 20 1923 (28) R. J. Fleming
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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