

## (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 W. B. Williams AdamsFile No. For State Registrar Only  
40771

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3, BRegistered No. 2, 2

(For use of Local Registrar)

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 Dec 18 22 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. W. Adams(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Septic Work(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Patterson(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. W. Reeves(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Piedmont S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness R. W. Reeves (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 20 22 (28) J. 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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