

1. PLACE OF BIRTH

County of Sancroft  
 Township of Well Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**19188**

Registration District No. 1st Registered No. 19188  
 (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

3. SEX OF CHILD Male (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes DATE OF BIRTH June 2 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 7. FULL NAME Walter Adams  
 8. PRESENT POSTOFFICE IF FATHER Lincoln St  
 9. COLOR OR RACE white 10. AGE AT LAST BIRTHDAY 33  
 11. BIRTHPLACE Lincoln St  
 12. OCCUPATION Lincoln St  
 13. Number of children born to mother, including present birth 4

MOTHER  
 14. NAME BEFORE MARRIAGE Lucie Benson  
 15. PRESENT POSTOFFICE OF MOTHER Sancroft St  
 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 33  
 18. BIRTHPLACE Lincoln St  
 19. OCCUPATION Lincoln St  
 20. Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born at Lincoln St on this date above stated. (Born alive or stillborn) (Hour 11 or P. M.)

(22) (Signature) Walter Adams  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Lincoln St

(25) (Signature) Walter Adams  
 (26) State whether Physician or Midwife Midwife

(27) Witnesses 1-13-22  
 (Signature of Witnesses necessary only when question 23 is signed by mark)  
 (28) Filed 1-13-22 (29) Local Registrar

When later examined 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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