

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Saraviah

or  
 Inc. Town of  
 or

City of

(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

63059

Registration District No. 391 Registered No. 43  
 (For use of Local Registrar)

City of (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 Ina Ruth Adams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age <u>29</u> Married?	(7) DATE OF BIRTH <u>June 9</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Adams</u>			(14) NAME BEFORE MARRIAGE <u>Mettie Locke</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Star SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Star SC</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>White Co Ga</u>			(18) BIRTHPLACE <u>Georgia</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housekeeper</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. A. Edwards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

report made by father of child Henry Adams

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 10/1914(28) J. A. Jones 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.

MARGIN RESERVATION FOR REVENUE. THIS IS A PRELIMINARY REPORT. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.