

(1) PLACE OF BIRTH

County of WalthamTownship of Brightwellor
Inc. Town ofCity of Gibson N.C.

(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

39402

Registration District No. 3302Registered No. 316

(For use of Local Registrar)

(2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Sept 27 1922

FATHER.

(8) FULL NAME

William H. Adams

(9) PRESENT POSTOFFICE OF FATHER

Gibson N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

7

MOTHER.

(15) NAME BEFORE MARRIAGE

Ashton Halsey Adams

(16) PRESENT POSTOFFICE OF MOTHER

Gibson N.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

32 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gibson N.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 11/20 1922

(28)

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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