

(1) PLACE OF BIRTH

County of Richland
 Township of Center

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
87207

Registration District No. 3801 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Maggie Adams If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? (7) DATE OF BIRTH Oct 28 1916
 (Name of Month) (Day) (Year)

FATHER'S: (8) FULL NAME Jas Adams (9) PRESENT POSTOFFICE OF FATHER Duttsville S.C. (10) COLOR OR RACE Caucas. (11) AGE AT LAST BIRTHDAY 30 (Years) (12) BIRTHPLACE Richland County (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Simon Jacob (15) PRESENT POSTOFFICE OF MOTHER Duttsville S.C. (16) COLOR OR RACE Caucas. (17) AGE AT LAST BIRTHDAY 27 (Years) (18) BIRTHPLACE Richland County (19) OCCUPATION (20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 O'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Duttsville S.C.

Given name added from a supplemental report (26) Witness W. H. Dent (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed (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 be reported as a stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

McGraw-Hill