

(1) PLACE OF BIRTH

County of LykenTownship of GreggIn. Town of GranitevilleCity of Graniteville

(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

27

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Registration District No. 204 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Ida Mae Adams If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 29 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Adams(9) PRESENT POSTOFFICE OF FATHER Graniteville, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Edgefield, S.C.(13) OCCUPATION hailroad(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Ware(15) PRESENT POSTOFFICE OF MOTHER Graniteville, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Edgefield, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 1:40 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Y. S. Little, Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Graniteville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 29 23 W. P. Turnbull, R. S. D. 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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