

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of Richmond
Township of Watauga
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

7288

Registration District No. 2314 Registered No. 31.....
(No. (For use of Local Registrar) St.; Ward)

(2) Full Name of Child

Esma Adams

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

3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

7) DATE OF

BIRTH Feb. 24 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Adams

(9) PRESENT POSTOFFICE OF FATHER Highway route 3

(10) COLOR OR RACE Black

(12) BIRTHPLACE SC

(13) OCCUPATION Domestic

(11) AGE AT LAST BIRTHDAY 24
(Years)

(14) NAME BEFORE MARRIAGE Rosanna Stark

(15) PRESENT POSTOFFICE OF MOTHER Highway route 3

(16) COLOR OR RACE Black

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(17) AGE AT LAST BIRTHDAY 24
(Years)

20 Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature) M. J. Jones, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marble Bluff, SC

Given name added from a supplemental report

10-29-28

(26) Witness

(Signature of Witness necessary only when question 28 is signed to mark)

(27) Date Apr 6 1928

(28)

Oliver B. Smith
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.