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## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

FILE No.—For State Registrar Only

00126

## 1. PLACE OF BIRTH

County of AikenTownship of.....  
or  
Inc. Town of Wagner, S.C.  
orRegistration District No. 203Registered No.....  
(For use of Local Registrar)City of..... (No. .... St.;  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)..... Ward)2. FULL NAME OF CHILD Arthur David Adams { If child is not yet named, make  
supplemental report as directed.3. Boy or Girl Boy If Plural births { 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents yes 8. Date of birth 1/12/16  
5. Number, in order of birth..... Full term..... Married?..... (Month, day, year) 19169. Full name Richard Adams FATHER  
10. Residence (mailing address) Wagner, S.C.  
(If non-resident, give place and State)18. Name before marriage Mamie Hayes MOTHER  
19. Residence (mailing address) Wagner, S.C.  
(If non-resident, give place and State)11. Color or race Col. 12. Age at child's birth 35 (years)20. Color or race Col. 21. Age at child's birth 24 (years)13. Birthplace (city or place) Lexington County  
(State or country)22. Birthplace (city or place) Edgefield County  
(State or country) S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper15. Industry or business in which work done, as silk mill, sawmill, bank, etc. School24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home16. Date (month and year) last engaged in this work Jan. 191625. Date (month and year) last engaged in this work 192517. Total time (years) spent in this work 1526. Total time (years) spent in this work 1127. Number of children of this mother 4  
(At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0)28. If stillborn, period of gestation 0 months weeks 29. Cause of stillbirth 0 (Before labor 0 During labor 0)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

✓(Signed)....., Parent  
or....., GuardianAddress 3269 - 99th Corner  
Filed June 1, 1916 M. B. Woodward, M.D.  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

12-11-4-1

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