

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.)

# 1. PLACE OF BIRTH

County of Claken

Township of \_\_\_\_\_  
or  
Inc. Town of Wagner, S.C.  
or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 203

16 092875

FILE No.—For State Registrar Only

00126

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) \_\_\_\_\_ St.; \_\_\_\_\_ 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 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? yes 8. Date of birth 1/12/1916  
(Month, day, year)

9. 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)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. School

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Jan. 1916

25. Date (month and year) last engaged in this work 1925

17. Total time (years) spent in this work 15

26. Total time (years) spent in this work 11

27. 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 0 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 \_\_\_\_\_, Guardian

Address 3249 - 99th Ave. S.E.

Filed June 1, 1913 M. B. Woodward, M.D.

Registrar.

Registrar.