

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

or
Inc. Town of

or
City of

(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
79514

Registration District No. 4108

Registered No. 143
(For use of Local Registrar)

St.: _____ Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 6 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Thos W Adam

(14) NAME BEFORE MARRIAGE

Attie Adam

(9) PRESENT POSTOFFICE OF FATHER

Airndal Pk

(15) PRESENT POSTOFFICE OF MOTHER

Airndal Pk

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 25
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

Pk

(18) BIRTHPLACE

Pk

(13) OCCUPATION

Farmer

(19) OCCUPATION

Homemaker

(20) Number of children born to mother, including present birth

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. Littlejohn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Sumter Pk

Given name added from a supplemental report

191

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 11 1916

(28) Quinn 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.