(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

18272

County of ...Pickens...

Township of ...Easley...
or
Inc. Town of ...Easley, S.C....

Registration District No. 27-A Registered No. ...60...
(For use of Local Registrar)

or
City of .... (No. .... St.) ....Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mc Adams Shrostopher If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
/	/	/ To be answered only in event of Twins or Triplets	Yes	June 6, 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME Mc Adams Shrostopher		(14) NAME BEFORE MARRIAGE Lucia M Ellison	
(9) PRESENT POSTOFFICE OF FATHER Easley SC		(15) PRESENT POSTOFFICE OF MOTHER Easley	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Pickens		(16) BIRTHPLACE Anderson	
(13) OCCUPATION Clerk		(18) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 1		(21) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...Alive... at 10:30 ...M.,
on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) ...M Self, M.D....
(24) State whether Physician or Midwife (25) Address of Physician or Midwife ...Easley SC...

Given name added from a supplemental report

.... 19
Registrar

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

(27) Filed June 7, 1923 (28) .....G. H. Wyatt.....
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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