

County of Laurens STATE OF SOUTH CAROLINA  
 Township of Laurens Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of \_\_\_\_\_ Registration District No. 1904  
 or \_\_\_\_\_ Registered No. 129  
 City of \_\_\_\_\_ (For use of Local Registrar)

Pro. No. — For See Register  
35247

(1) Full Name of Child Daniel Earl Adams (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL? Boy (2) Twin or Triplet? \_\_\_\_\_ (3) Number in order of birth \_\_\_\_\_ (4) Are Parents Married? Yes (5) DATE OF BIRTH Oct 30 21  
 (Name of Month) (Day) (Year)

FATHER  
 (6) FULL NAME Henry Adams  
 (7) PRESENT POSTOFFICE OF FATHER Laurens Sc  
 (8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 22 (Years)  
 (10) BIRTHPLACE Clinton Sc  
 (11) OCCUPATION Farmer  
 (12) Number of children born to mother, including present birth. 3

MOTHER  
 (13) NAME BEFORE MARRIAGE Samie Pitts  
 (14) PRESENT POSTOFFICE OF MOTHER Laurens Sc  
 (15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 26 (Years)  
 (17) BIRTHPLACE Laurens Co Sc  
 (18) OCCUPATION Domestic  
 (19) Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (20) I hereby certify that I attended the birth of this child, who was Alive at \_\_\_\_\_ M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (21) (Signature) Charlotte Hester  
 (22) Name whether Physician or Midwife Midwife (23) Address of Physician or Midwife Laurens Sc

Given name added from a supplemental report \_\_\_\_\_  
 (24) Witness (Signature of Witness necessary only when question 23 is signed by mother) at 11 22  
 (25) \_\_\_\_\_ (26) \_\_\_\_\_  
 Registrar 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.

Registrar \_\_\_\_\_ Local Registrar \_\_\_\_\_  
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