(1) PLACE OF BIRTH

County of Marion

Township of Mahll

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19435

Registration District No. 3207 Registered No. 22
(For use of Local Registrar)

(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 Bina Adams {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
Girl	To be answered only in event of Twins or Triplets		Yes	June 8, 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Isiah Adams	(14) NAME BEFORE MARRIAGE	Morrie Wilson
(9) PRESENT POSTOFFICE OF FATHER	Marion S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Marion S.C.
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Marion Co S.C.	(18) BIRTHPLACE	Marion Co S.C.
(13) OCCUPATION	Saw mill Hand	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.), on the date above stated.

(23) (Signature) Sarah Brown

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Marion S.C.

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 19 1922 (28) T. L. Dill
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.