

(1) PLACE OF BIRTH

County of HorryTownship of Northor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4685

Registration District No. 34.04 Registered No. 67
(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

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

1) BOY OR GIRL <u>Boy</u>	2) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	3) Number in order of birth	4) Are Parents Married <u>Yes</u>	5) DATE OF BIRTH <u>7 17 25</u> (Name) (Month) (Day) (Year)
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FATHER.

6) FULL NAME Clarence Adams7) PRESENT POSTOFFICE OF FATHER Pomaria S.S.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)12) BIRTHPLACE Horry Co.13) OCCUPATION Farmhand20) Number of children born to mother, including present birth Three

MOTHER.

14) NAME BEFORE MARRIAGE Mary Hawkins15) PRESENT POSTOFFICE OF MOTHER Pomaria S.S.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)18) BIRTHPLACE Horry Co.19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Adams at 6 M.
on the date above stated. (Born at or Stillborn (Hour) (Day) (Month) (Year))(23) (Signature) J. T. Timmerman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pomaria S.S.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 18 (28) 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 J. T. Timmerman Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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