

(1) PLACE OF BIRTH

County of AlconeeTownship of Waggon

Inc. Town of

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

19617

Registration District No. 3505 Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Juland Karace Adom

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

(3) BOY OR GIRL? boy(4) Twin or triplet? 2(5) Number in order of birth 4(6) Are Parents Married? 3(7) DATE OF BIRTH 6.26.1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L W Adom(9) PRESENT POSTOFFICE OF FATHER Waggon(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Alconee Ce(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Hall(15) PRESENT POSTOFFICE OF MOTHER Waggon(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Alconee Ce(19) OCCUPATION House Keeper(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 born at 6.26.1922 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) M. M. Kora Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waggon

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/31/1922(28) W. C. Helde

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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FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

New of Columbia.