

NAME OF BIRTH

County of Anderson

City of Columbia

or Town of

or

City of

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

No. 12802

Registration District No. 303 Registered No. 35
(For use of Local Registrar)

(No. 2) St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) SEX OF CHILD (3) Date of Birth May 19 1923
(4) Type of Birth Normal (5) Place of Birth Home
To be answered only in event of Twin or Triplets

FATHER.
(6) Full Name Marace Adams
(7) Present Postoffice of Father Anderson
(8) Color or Race W (9) Age at Last Birthday 29
(10) Birthplace Hart Co Ga
(11) Occupation Farmer

MOTHER.
(12) Name before Marriage Pearl Kinley
(13) Present Postoffice of Mother Anderson
(14) Color or Race W (15) Age at Last Birthday 18
(16) Birthplace Hart Co Ga
(17) Occupation Housewife
(18) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was at 12 P.M.
on the date above stated. (Hour) (M.) (P.M.)

(20) (Signature) A. J. Miller M.D.
(21) State whether Physician or Midwife Physician (22) Address of Physician or Midwife Anderson

Give name added from a supplemental report
(23) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. J. Miller M.D.
(24) Filed May 22 1923 (25) F. B. Caryan 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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