

Form No. 1

(1) PLACE OF BIRTH

County of Saluda S.C.

Township of 6

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

32066

Registration District No. 6

Registered No. 3905
(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 Annie 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
To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH Sept. 24, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Adams

9) PRESENT POSTOFFICE OF FATHER Saluda S.C.

10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Years)

12) BIRTHPLACE Saluda S.C.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth Two (2)

MOTHER.

14) NAME BEFORE MARRIAGE Julia Richardson

15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.

16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

18) BIRTHPLACE Saluda S.C.

19) OCCUPATION House Wife

21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ida Abney

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

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

P. B. Crouch 1923. Registrar

(27) Filed Oct 7 1923 (28) P. B. Crouch 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.

THIS IS A PERMANENT RECORD. IN THE EVENT OF LOSS, THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.