

(1) PLACE OF BIRTH

County of LancasterTownship of Gull Creek

In 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

4360

Registration District No. 2804Registered No. 29
(For use of Local Registrar)2) Full Name of Child Clara Christine Adams If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry C. Adams(9) PRESENT ADDRESS Lancaster(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Lancaster Co(13) OCCUPATION Farmer(14) Number of children born to mother including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lella B. Powell(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lancaster Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22) I hereby certify that I attended the birth of this child, who was born as born on the date above stated. (Born alive or stillborn) (Hour 6 of P.M.)(23) (Signature) H. J. Hart(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

(When name added from a supplemental report)

(Signature of Witness necessary only when question 22 is signed by mark)

David L. ... Local Registrar

(When there was no attendance by a physician, midwife, etc., should make this return. If a child breathes even once, it is a birth and must be reported to the Registrar before the 24th day of the month following.

If a child is born dead, the Registrar, etc., should make this return. No reports are desired of stillbirths.