

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8.

(1) PLACE OF BIRTH

County of York  
 Township of 2nd  
 Inc. Town of Gay  
 City of Gay

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

File No.—For State Registrar Only  
 4915

Registration District No. 97-2 Registered No. 21  
 (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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1928</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Adams</u>			(14) NAME BEFORE MARRIAGE <u>Annie Summum</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gay S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gay S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Anderson S.C.</u>			(18) BIRTHPLACE <u>Anderson</u>	
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at Gay M., on the date above stated. (Born alive or stillborn H. M. or P. M.)

(23) (Signature) Lee J. Waller M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Gay, S.C.

Given name added from a supplemental report

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

(27) Date Mar. 1, 1928 (28) Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is not a stillborn. No report is desired of stillbirths or miscarriages or abortions or loss of pregnancy.