

1. PLACE OF BIRTH

County of Lexington
 Township of Gilbert Holler
 or
 Inc. Town of Leesville, S.C.
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3107 Registered No. 119
 (For use of Local Registrar)

FILE No.—For State Registrar Only

090827

2. FULL NAME OF CHILD NETTIE ADAMS
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 If child is not yet named, make supplemental report as directed.

1. Boy or Girl Girl 2. If Plural births _____ 3. Twin, triplet, or other X 4. Premature _____ 5. Legitimate? Yes 6. Date of birth December 18, 1916
 5. Number, in order of birth 1 Full term _____ (Month, day, year)

9. Full name FATHER

RUFUS ADAMS10. Residence (usual place of abode) Leesville, S.C.
 (If nonresident, give place and State)11. Color or race White 12. Age at last birthday 45 (Years)13. Birthplace (city or place)
 (State or country) Lexington Co.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER

SALLIE BROWN19. Residence (usual place of abode) Leesville, S.C.
 (If nonresident, give place and State)20. Color or race White 21. Age at last birthday 40 (Years)22. Birthplace (city or place)
 (State or country) Lexington Co.23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4p. m. on the date above stated
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____

Supplemental report _____

(Date of) _____

Registrar.

(Signed) J. C. Nicholson, M. D.

or _____, Midwife

Address Leesville, S.C.Filed 1-12-, 1917 R. O. Shealy

Registrar.