

## 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 If Plural births \_\_\_\_\_ 4. Twin, triplet, or other X 5. Premature \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth December 18, 1916  
 5. Number, in order of birth 1 Full term \_\_\_\_\_ (Month, day, year)

9. Full name FATHER RUFUS ADAMS 18. Full maiden name MOTHER SALLIE BROWN

10. Residence (usual place of abode) Leesville, S. C. 19. 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) 20. Color or race White 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Lexington Co. 22. Birthplace (city or place) Lexington Co.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 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.