

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Howards

OF

Inc. Town of

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

12543

Registration District No. 105Registered No. 33
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child James Wydman Adams 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 event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 30, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wydman Adams(9) PRESENT POSTOFFICE OF FATHER Howards, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Abbeville Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gennie Bell Griffin(15) PRESENT POSTOFFICE OF MOTHER Howards, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE Abbeville Co.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Howards, S.C.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Physician

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 2, 1923 (28) James Adams 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.

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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.