

## (1) PLACE OF BIRTH

County of BambergTownship of Birdsall Bridgeor  
Inc. Town of Lovanor  
City of Se

(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

40929

Registration District No. 401Registered No. 136

(For use of Local Registrar)

(2) Full Name of Child Emmelle Adom

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 14, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Paul Adom

(9) PRESENT POSTOFFICE OF FATHER

Lovan Se

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE

Bamberg Co

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sara Wroten

(15) PRESENT POSTOFFICE OF MOTHER

Lovan Se

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

Bamberg Co

(19) OCCUPATION

farm work

(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 alive at 10 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lizzie Washington

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeLovan

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 2, 1923

(28)

J. E. Bennett

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.

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