

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of (No. St. Ward) (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

16574

Registration District No. 3804^a

Registered No. 18

(For use of Local Registrar)

2) Full Name of Child

Leeroy Adams

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Persay Adams

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Lexington SC

(13) OCCUPATION

RR Worker

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. Tilda Green

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Columbia

(19) OCCUPATION

Rearranger

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

E. A. Bell midwife

(24) Address of Physician or Midwife

Col R H 3

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

June 1902

(28)

L M Taylor

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.