

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

Inc. Town 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

1 1 1 1

Registration District No. 4400 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Daisy May Adams If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? girl (4) Twin or Triplet? 0 (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 4 1916
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andy Adams(9) PRESENT POSTOFFICE OF FATHER York Co. R #6(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Maxwell(15) PRESENT POSTOFFICE OF MOTHER York R #6(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at York Co. S. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Quinn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Bethel S. C.

Given name added from a supplemental report

June 29 1916
Quinn Registrar

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

(27) Filed Feb 13 1916 (28) J. H. Quinn 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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WRITING PLAINLY, WITH UNFAILING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 W. McCaw, of Columbia