

WHEN 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 mark the
 FIRST-BORN; No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
 Township of North
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4460

File No.—For State Registrar Only

9504

Registered No. 8
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OR GIRLS Girl (4) Term of Triplet? 0 (5) Number in order of birth 0 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME R. E. Adams
 (9) PRESENT POSTOFFICE OF FATHER Adams St. R#3
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER:

(14) NAME BEFORE MARRIAGE Jessie Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Adams St. R#3
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE York Co
 (19) OCCUPATION House wife
 (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 Alive at 4 P. M. on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Campbell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Adams St.

Given name added from a supplementary report

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

(27) Date May 24 1922 (28) 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 be reported as stillborn. No report is desired of stillbirths during the sixth month of pregnancy.