

(1) PLACE OF BIRTH

County of GreenvilleTownship of Union

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17813

Registration District No. Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John C. Adair If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 6 (6) Sex Male (7) DATE OF BIRTH June 20 1928
(Time of Month) (Day) (Year)(8) FULL NAME Charles Adair (9) NAME BEFORE MARRIAGE Cora Smith(10) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C. (11) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 24 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 24
(Year) (Year)(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.(18) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 10 (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 White on the date above stated. (23) (Signature) H. B. Stewart (24) (Address) 10(25) (Signature) Physician (26) (Address) Fountain Inn S.C.(27) Given name added from a supplemental report Jamie Fairly(28) (Signature) Sept 18 1928 (29) (Address) 10(30) (Signature) Local Registrar

(31) 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.