

NOTE: 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.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens
Township of Jacks
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
30978

Registration District No. 2903 Registered No. 43
(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 Horace Adams 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Adams
(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.
(10) COLOR OR RACE Bk (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Crum
(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.
(16) COLOR OR RACE Bk (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE SC

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Fannie Crum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 21, 22 (28) Fannie Crum 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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