

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics.
 Township of Leesville State Board of Health
 or
 Inc. Town of Leesville Registration District No. 1 Registered No. 119
 or
 City of Leesville (No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

90827

(2) Full Name of Child

Adams

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Time (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Adams
 (9) PRESENT POSTOFFICE OF FATHER Leesville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Lexington Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Lacie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Lexington
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.) 4:10 P. M.

(23) (Signature) Herich Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Leesville S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 12, 1917 (28) C. H. Johnson 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.

No. 1.—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.