

2/9/45  
504  
m. H.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Florence  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Florence, S.C.

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 20-a

16 093611

FILE No.—For State Registrar Only  
0079

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

2. FULL NAME OF CHILD Alma Lucille Adams (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

3. ~~Sex~~ Girl ☒ If Plural births \_\_\_\_\_ 4. Twins, triplets or other ..... 5. Number, in order of birth ..... 6. Premature ..... Full term ☒ 7. Are Parents Married? yes 8. Date of birth July 9, 1945 (Month, day, year)

9. Full name John Quincy Adams FATHER  
10. Residence (mailing address) Florence, S.C.  
(If non-resident, give place and State)  
11. Color or race White 12. Age at child's birth 25 (years)  
13. Birthplace (city or place) Indian Springs, Ala.  
(State or country)

18. Name before marriage Mary Belle Hearn MOTHER  
19. Residence (mailing address) Florence, S.C.  
(If non-resident, give place and State)  
20. Color or race White 21. Age at child's birth 26 (years)  
22. Birthplace (city or place) Rural, De Kalb Co., Alabama  
(State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. A. C. L. Shops  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 1 yr.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living... 2... (b) Born alive but now dead... (c) Stillborn ...  
28. If stillborn, period of gestation ..... months weeks 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Signed) Mary Belle Adams Parent  
or \_\_\_\_\_ Guardian  
Address 105 Fishburne St.  
Filed March 9, 1945 L. A. Riser, M.D. Registrar.