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

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

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

3. Sex Girl	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 9, 1945</u> (Month, day, year)
<u>Girl</u>		5. Number, in order of birth.....	Full term <input checked="" type="checkbox"/>		
9. Full name FATHER <u>John Quincy Adams</u>			18. Name before MOTHER marriage <u>Mary Belle Hearn</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Florence, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Florence, S.C.</u>		
11. Color of race <u>White</u>		12. Age at child's birth <u>2.5</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or country) <u>Indian Springs, Ala.</u>			21. Age at child's birth <u>2.6</u> (years)		
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			22. Birthplace (city or place) (State or country) <u>Rural - De Kalb Co. - Alabama</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>A. C. L. Shops</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>1 yr.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
....., 19....	, 19....		25. Date (month and year) last engaged in this work	
....., 19....	, 19....		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) _____

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

Registrar.

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.)