

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or Town of Milliamston

City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

No. 34551

Registered No. 104  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Adair (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD GIRL (4) TIME OF BIRTH 4 (5) DATE OF BIRTH Sept 15 1923  
 (6) TIME OF BIRTH 15 (7) DATE OF BIRTH 15 1923  
 (8) TIME OF BIRTH 15 (9) DATE OF BIRTH 15 1923

**FATHER.**

(10) FULL NAME James A. Adair  
 (11) PRESENT POSTOFFICE OF FATHER Milliamston  
 (12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 42  
 (14) BIRTHPLACE Laurie Co  
 (15) OCCUPATION Farm Laborer  
 (16) Number of children born to mother, including present birth 8

**MOTHER.**

(17) NAME BEFORE MARRIAGE Anna Duckworth  
 (18) PRESENT POSTOFFICE OF MOTHER Milliamston  
 (19) COLOR OR RACE Negro (20) AGE AT LAST BIRTHDAY 38  
 (21) BIRTHPLACE Augusta, Ga  
 (22) OCCUPATION House wife  
 (23) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was .... (25) (Born alive or stillborn) (How A. M. or P. M.)

(26) (Signature) M. J. Lander (27) Address of Physician or Midwife Milliamston  
 (28) State whether Physician or Midwife Midwife

(29) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
 (30) Filed 12-11-1923 (31) William Russell Local Registrar

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