

10/15/41

22 049501

Standard Certificate of Birth

FILE No.—For State Registrar Only

02320

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Lykesland

or

City of

STATE OF SOUTH CAROLINA

Registration District No. 3806

Registered No.

(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

Jan Mallo Thomas Adams

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

3. Boy or Girl

Boy

If Plural

births

4. Twins, triplets or other

5. Number, in order of birth

6. Premature

Full term X

7. Are Parents

Married? YES

8. Date of

birth

January 1819 22

(Month, day, year)

9. Full name

FATHER

Willie Adams

18. Name before marriage

MOTHER

Hassie Bowers

10. Residence (mailing address)

(If non-resident, give place and State)

Lykesland, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Lykesland, S. C.11. Color or race col

12. Age at child's birth

(years)

20. Color or race col

21. Age at child's birth

(years)

13. Birthplace (city or place)

(State or country)

McCall S.C.

22. Birthplace (city or place)

(State or country)

Newberry S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

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24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

—

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

19 —

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

(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 b. alive at _____ m. on the date above stated.
(Born alive or stillborn)

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

(Signed) Hattie Bowers, Parent

or _____, Guardian

Given name added from a supplementary report

(Date of)

Address 1413 E 8th StFiled Jan. 31, 1942 M.B. Woodward, 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)