

10/15/41

22 049501

1. PLACE OF BIRTH

County of Richland

Standard Certificate of Birth

FILE No.—For State Registrar Only

02320

Township of.....

or
Inc. Town of Lykesland

STATE OF SOUTH CAROLINA

Registration District No. 3806 Registered No.
(For use of Local Registrar)

City of..... (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 Mallobas 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 7. Aro Parents Married? YES 8. Date of birth January 18 19 22
(Month, day, year)9. Full name Willie Adams FATHER18. Name before marriage Hassie Bowers MOTHER10. Residence (mailing address) Lykesland, S.C.
(If non-resident, give place and State)19. Residence (mailing address) Lykesland, S. C.
(If non-resident, give place and State)11. Color or race col 12. Age at child's birth 18 (years)20. Color or race col 21. Age at child's birth 18 (years)13. Birthplace (city or place) McClell S.C.
(State or country)22. Birthplace (city or place) Newberry S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer23. 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.

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 1925. Date (month and year) last engaged in this work 1926. 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 Warner, ParentGiven name added from a supplementary report.....
(Date of).....

or..... Guardian

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)