

(1) PLACE OF BIRTH
 County of Sumter
 Township of Concord
 or
 Inc. Town of

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

File No.—For State Registrar Only
91961

Registration District No. 100 Registered No. 119
 (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 Helena McAdams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry McAdams
 (9) PRESENT POSTOFFICE OF FATHER Bradford St
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Bradford St
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Sumter Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Anna McAdams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife McAdams Sumter Co SC

Given name added from a supplemental report

(26) Witness J. J. Kinney
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12, 1916 (28) Dan Kinney Local Registrar.

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

REGISTERED PROFESSIONALS, PHYSICIANS, MIDWIVES, NURSES, AND OTHERS WHO ARE LICENSED BY THE STATE BOARD OF HEALTH, SHALL SIGN THIS CERTIFICATE IN QUANTITY No. 2, FORM 10, REVISED 1916, IN QUANTITY No. 2, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.