

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of Center
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
36256

Registration District No. 380 (Registered No. 69)
(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 Paul Adam (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 24, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Adam
(9) PRESENT POSTOFFICE OF FATHER Lynchburg SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37
(Year)
(12) BIRTHPLACE Richland Co SC
(13) OCCUPATION (farming)
farming
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lillian Weston
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
(Year)
(18) BIRTHPLACE Richland Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was July 24, 1922, at 5.00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Weston
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hopkins Co SC

Given name added from a supplemental report
..... 19 .. Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 20, 1922 (28) A.B. C. Lee 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.