

MARGIN RESERVED FOR BINDING.

WRITE 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.

RECEIVED OF Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Lowry
 OF
 Inc. Town of Eastover
 OF
 City of Eastover

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36287

Registration District No. 3803 Registered No. 249
 (For use of Local Registrar)

City of Eastover (No. 3803 St. 249 Ward 249)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Adams

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Adams 24
 (9) PRESENT POSTOFFICE OF FATHER Kingsville S.C.
 (10) COLOR OR RACE E (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Richland Co.
 (13) OCCUPATION Job Work
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Brown
 (15) PRESENT POSTOFFICE OF MOTHER Kingsville S.C.
 (16) COLOR OR RACE E (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Richland Co.
 (19) OCCUPATION House hold Duties
 (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 B. alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Knauss (24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Eastover S.C.

Given name added from a supplemental report

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

(27) Filed 10/1/22 (28) Chesapeake 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.