

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Charleston

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John A. Adams ^{Sumter} 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 3, 1916
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Thomas Sumter</u>		(14) NAME BEFORE MARRIAGE	<u>Lucy Sumter</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Charleston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Charleston S.C.</u>	
(10) COLOR OR RACE	<u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE	<u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE	<u>Charleston S.C.</u>		(18) BIRTHPLACE	<u>Charleston S.C.</u>	
(13) OCCUPATION	<u>Laborer</u>		(19) OCCUPATION	<u>Domestic</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Green (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 17 Ninian

Given name added from a supplemental report

191.....
Registrar(26) Witness Mrs. A. P. Meyer
(Signature of Witness necessary only when question 23 is signed by male)(27) Filed 12/4 191..... (28) J. W. D. H. H. H. H. H. 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.

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