

(1) PLACE OF BIRTH

County of CherokeeTownship of Morganor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18049

Registration District No. 1004-2Registered No. 17
(For use of Local Registrar)

(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 Joe Adair

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

3) BOY OR GIRL <u>GIRL</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>5</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 27, 1922</u> (Month) (Day) (Year)
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FATHER.

8) FULL NAME John Adair9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. 310) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 52
(Years)12) BIRTHPLACE N.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Epps(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 3(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Adams at 10 A.M.
on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.)(23) (Signature) J. E. McPherson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12 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.