

Form No. 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of HerritageInc. Town of Lincolnton

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 and 2

Registered

(For use of Local Health Officer)

(2) Full Name of Child Ernest Adams

(3) SEX OF CHILD <u>girl</u>	(4) Title of Name <u>To be recorded only in case of twin or triplets</u>	(5) Number in order of birth	(6) Sex of Mother	(7) DATE OF BIRTH <u>Jan 5</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Ernest Adams</u>	(9) NAME BEFORE MARRIAGE <u>Mary Brady</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Gaffney S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Gaffney S.C.</u>		
(11) COLOR OR RACE <u>colored</u>	(11) COLOR OR RACE <u>colored</u>		
(12) BIRTHPLACE <u>York Co</u>	(12) BIRTHPLACE		
(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Farmer</u>		
(14) Number of children born to mother, including present birth <u>8</u>	(14) 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 on the date above stated. (Born alive or stillborn)

(23) (Signature)

(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 when question 22 is signed by midwife)

(27) Filed

Feb. 9, 1923

(28)

Registrar

21. If child delivered from uterus, it must not be delivered before the fifth month of pregnancy.