

## (1) PLACE OF BIRTH

County of Picken  
 Township of Rocky  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only  
**2618**

Registration District No. 209 Registered No. 17  
 (For use of Local Registrar)

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

(2) Full Name of Child Wm. Lewis Adams Jr. (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Trace ✓ (5) Number in order of birth 9 (6) Age at birth 23 (7) DATE OF BIRTH May 26, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Lewis Adams Sr.

(9) PRESENT POSTOFFICE OF FATHER Galley, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Truck driver

(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Stullenger

(15) PRESENT POSTOFFICE OF MOTHER Galley, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. McElwain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Galley, 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 May 26, 1923 (28) Chas. H. Galley 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
 Bureau of Statistics, Columbia, S. C.