

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Albion
Township of Bull Run
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40696

Registration District No. 4603 Registered No. 76
(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 Willie Ellen Adams If child is not yet named, make supplemental report as directed

| | | | | |
|--|--|---|---|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 14</u> , 19 <u>22</u> (Name of Month) (Day) (Year) |
| (8) FATHER'S FULL NAME <u>Walter Adams</u> | | (14) MOTHER'S NAME BEFORE MARRIAGE <u>Dinah Jacobson</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Barton S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Barton S.C.</u> | | |
| (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>42</u> (Years) | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY <u>34</u> (Years) | |
| (12) BIRTHPLACE <u>Albion S.C.</u> | | (18) BIRTHPLACE <u>Albion S.C.</u> | | |
| (13) OCCUPATION <u>Farming</u> | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>7</u> | | (21) Number of children of this mother now living, including present birth <u>7</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Dec 14... at 2 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barton S.C.

Given name added from a supplemental report

(26) Witness Laura Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 20, 1922 (28) J. A. Kame
Registrar 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.

Registrar

LOCAL REGISTRAR

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