

## (1) PLACE OF BIRTH

County of York  
 Township of Spring Mt.  
 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

20573

Registration District No. 4407 Registered No. 59  
 (For use of Local Registrar)

City of ..... (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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James A. McAdams

(9) PRESENT POSTOFFICE OF FATHER Clower R 4

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 18

## MOTHER.

(14) NAME BEFORE MARRIAGE James R. (C) Spencer

(15) PRESENT POSTOFFICE OF MOTHER Clower, S.C.  
R 4

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38  
 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 Dix (6)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 12:20 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) W. T. McAdams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clower R 4

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) C. P. Ford 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.