

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of *Darlington*

Township of *Lydia*

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *1376*

File No. — For State Registrar Only

17379

Registered No. *26*

(For use of Local Registrar)

Ward

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

2 Full Name of Child

John J. Adams

3 BOY OR GIRL?

Boy

(4) Twin or Triplet

(5) Number in order of birth

6

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 28 1923

(8) FULL NAME

Leuiton Adams

(9) PRESENT POSTOFFICE OF FATHER

Lamor SC R1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmney
Bix

(14) NAME BEFORE MARRIAGE

Mary King

(15) PRESENT POSTOFFICE OF MOTHER

Lamor SC R1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

Lydia

(Given name added from a supplemental report)

See affidavit
7/9/23
J. A. R.
Registrar

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

(25) Filed *June 23 1923* (26) *R. M. Jones* 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.