

(1) PLACE OF BIRTH

County of Calhoun

Township of

or
Inc. Town of St. Markor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 54

File No. — For State Registrar Only

20022

Registered No. 29
(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 Frank Adams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 26, 1923
(Place of Birth) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Edith I. D. Jones</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Lee Adams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>St. Mark</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Mark</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>South Carolina</u>	(13) OCCUPATION <u>R. T. D. Clerk</u>	(19) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) 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 Alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Archer(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St. Mark

Given name added from a supplemental report

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

(27) Aug. 15, 1923 (28) A. H. Robt 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.