

## (1) PLACE OF BIRTH

County of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71328

Township of Warenesor  
Inc. Town ofRegistration District No. B13 Registered No. 22

(For use of Local Registrar)

City of Anderson (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 Ethemia Adams } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		<u>9</u>	<u>Yes</u>	<u>Aug. 1, 1916</u>
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rodger Adams(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION W.C. Cotton Mill Operat(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Moore(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 3:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. M. A. Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Aug 11 1916 (28) A. C. Chad 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.

fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.

M. McChay, of Columbia.