

File No.—For State Registrar Only

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

31573

County of Orangeburg

Township of Orange

OF  
TOWN OF

INC. TOWN OF.....  
OF .....

City of San Francisco

Registration District No. 00000

Registered No. ....  
(For use of Local Registrar)

..St.; ..... Ward)

(2) Full Name of Child Adam Joseph

**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

(5) Are Parents Married

(7) DATE OF

BIRTH..... 1900  
(Name of Month) (Day) (Year)

**FATHER.**

30 FULL NAME Sam S. Gougeon

91 PRESENT POSTOFFICE OF FATHER Franklin - S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)

12) BIRTHPLACE

13) OCCUPATION: \_\_\_\_\_

20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rebecca Sussner

(15) PRESENT POSTOFFICE OF MOTHER Brownsville, TX

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *20*  
(Year)

(18) BIRTHPLACE

Feb. 20

(19) OCCUPATION *9-10-11*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 7 - 1921 (28) W. H. H. H. Local Registrar.

19  
Registrar

(21) Filed

\*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.

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