

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

38122

Township of

Ins. Town of

Registration District No.

1A

Registered No.

108

(For use of Local Registrar)

City of Abbeville

(No.)

Branch

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

(2) Full Name of Child Samuel Adams

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 16 1923
 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Dont Know

(14) NAME BEFORE MARRIAGE Bessie Adams

(9) PRESENT POSTOFFICE OF FATHER "

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C

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

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE "

(18) BIRTHPLACE South Carolina

(13) OCCUPATION "

(19) OCCUPATION Cooking

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 9 P. M. on the date above stated. (Sign alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Victoria Howard

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

Midwife Abbeville S C

Given name added from a supplemental report

(26) Witness Miss Julia McAllister

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

(27) Filed Dec 15 1923 Miss Julia McAllister 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.

*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.