

## (1) PLACE OF BIRTH

County of Livingston  
 Township of Livingston  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35379

Registration District No. 3104Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Horace Etheridge 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  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH: Feb 12, 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Horace Etheridge Adams(9) PRESENT POSTOFFICE OF FATHER Batesburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 2  
(Years)(12) BIRTHPLACE Livingston Co(13) OCCUPATION Fanner(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Ruth Floyd(15) PRESENT POSTOFFICE OF MOTHER Batesburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE Livingston Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:20 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Gibson(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Batesburg S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed ..... (28) .....  
Registrar 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.

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