

MARGIN RESERVED FOR BINDING.

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 5.

N. McCaw, of Columbia.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only 56502 |
|---|---|--|--|--|
| County of <u>Lancaster</u> | | Registration District No. <u>295</u> | | Registered No. <u>33</u> |
| Township of <u>Hesler</u> | | City of <u>Clinton</u> | | (For use of Local Registrar) |
| Inc. Town of <u>Clinton</u> | | (No. <u>52</u> St. <u>2</u> Ward) | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | |
| (2) Full Name of Child. <u>Juba Florence Adair</u> | | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> <small>(To be answered only in case of Twins or Triplets)</small> | (5) Number in order of birth <u>3d</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>April 18, 1906</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Wm. Taylor Adair</u> | | | (14) NAME BEFORE MARRIAGE <u>Paul Roberson</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Clinton S. C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S. C.</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small> | (16) COLOR OR RACE <u>White</u> | | |
| (12) BIRTHPLACE <u>Near Clinton</u> | | (17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small> | | |
| (13) OCCUPATION <u>Merchant</u> | | | (18) BIRTHPLACE <u>Near Clinton</u> | |
| (19) OCCUPATION <u>Housewife</u> | | | (20) Number of children of this mother now living, including present birth <u>3</u> | |
| (21) Number of children born to mother, including present birth <u>3</u> | | | (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | |
| (23) (Signature) <u>J. D. Adair, M. D.</u> | | | | |
| (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician</u> <u>Clinton S. C.</u> | | | | |
| Given name added from a supplemental report <u>191</u> | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>May 4, 1906</u> <u>J. L. H. Bailey</u> | |
| Registrar | | | (27) Filed <u>191</u> (28) <u>Local Registrar</u> | |

*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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