

## (1) PLACE OF BIRTH

County of BerkeleyTownship of 2 S. 4Inc. Town of James

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7.0.6 Registered No. 38

(For use of Local Registrar)

(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

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

a BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 17, 1923

(Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Adams(9) PRESENT POSTOFFICE OF FATHER Summerville, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45

(Year)

(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizanda Pherson(15) PRESENT POSTOFFICE OF MOTHER Summerville, S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 43

(Year)

(18) BIRTHPLACE Dorchester Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:25 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edmund H. Simonson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Summerville, 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 Aug. 10, 1923(28) R. G. Harrison 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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