

(1) PLACE OF BIRTH

County of Kershaw
Township of
or
Inc. Town of
or
City of Candor
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
49549

(2) Full Name of Child Lillian Belle Adams

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplets? No

(5) Number in order of birth 1
(to be answered only in case of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 17
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Adams

(9) PRESENT POSTOFFICE OF FATHER Candor

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Kershaw Co.

(13) OCCUPATION Driver

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Gessie Brooks

(15) PRESENT POSTOFFICE OF MOTHER Candor

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)

(18) BIRTHPLACE Candor

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Candor

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb. 12 1916

(28) W. H. Nelson 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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