

(1) PLACE OF BIRTH

County of AndersonTownship of Fairor
Inc. Town ofor
City of

(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
63009

 Registration District No. 3.0.5 Registered No. 66
 (For use of Local Registrar)

St.; Ward)

 (2) Full Name of Child Jane Adams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>J. Adams</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. M. M. M. M.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Townville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Townville SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>47</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Ga</u>	(18) BIRTHPLACE <u>Ga</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>

MOTHER.**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***
 (22) I hereby certify that I attended the birth of this child, who was born alive at P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

 (23) (Signature) A. L. ...
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Townville SC

 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 June 10, 1916 (28) P. G. M. R. ... 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.

FORM NO. 2.
 PRINTED AT THE STATE BOARD OF HEALTH, COLUMBIA, S. C.
 WHEN FILLED IN, THIS FORM IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5.

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