

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of #8or
Inc. Town of

or

City of

(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 Beatrice Adams

File No.—For State Registrar Only

12186

Registered No. 10
(For use of Local Registrar)(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH Feb 6 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME L. J. Adams

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Adams(15) PRESENT POSTOFFICE OF MOTHER Prosperity(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE LC.(19) OCCUPATION farm help

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Young(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Prosperity

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1923(28) N. L. Bonlow Local RegistrarWhen 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.