

(1) PLACE OF BIRTH

County of WadeTownship of Warrentonor
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
40884Registration District No. 313Registered No. 49
(For use of Local Registrar)

(2) Full Name of Child

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

(3) OR GIRL?	(4) Twin or triplet? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10</u> 191 <u>22</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER. FULL NAME <u>M. McAdams</u>		(9) MOTHER. NAME BEFORE MARRIAGE <u>Alice Tolbert</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Warrenton</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Warrenton SC</u>		
(12) COLOR OR RACE <u>—</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(14) COLOR OR RACE <u>—</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(16) BIRTHPLACE <u>Abbeville Co SC</u>		(17) BIRTHPLACE <u>Greenwich Co SC</u>		
(18) OCCUPATION <u>—</u>		(19) OCCUPATION <u>House Keeper</u>		
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James P. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
WarrentonGiven name added from a supplement-
tal report(26) Witness R. H. H. H.
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 15 19123 (28) —
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.*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.