FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2470

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of .....
or
City of Abbeville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-a Registered No. 13
(For use of Local Registrar)
(No. Jail St.; 2 Ward)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? No
(7) DATE OF BIRTH Feb. 6, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Oliver Stewart	(14) NAME BEFORE MARRIAGE Martha Adams
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY Not known (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Don't Know	(18) BIRTHPLACE Abbeville Co.
(13) OCCUPATION Farmer	(19) OCCUPATION Cook
(20) Number of children born to mother, including present birth 6	(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 9 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Elsie Mae Johnson

(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Feb 9th 1915 (28) T. G. Perrin
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.