

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*Inc. Town of *City View*

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14-For State Registrar

14199

Registration District No. ....

Registered No. .... 148

(For use of Local Registrar)

(No. *214 Park Ave*)

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 *Harmon Howard Adkins*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex of child

(7) DATE OF BIRTH

*3 21 23*  
(Name of Month) (Day) (Year)(8) FULL NAME *C. C. Adkins*

FATHER

(9) PRESENT RESIDENCE OF FATHER *Greenville S.C.*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *24*

(Year)

(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Hotel Porter*(14) Number of children born to mother, including present birth *2*(15) NAME BEFORE MARRIAGE *Aubrie Hogan*

MOTHER

(16) PRESENT RESIDENCE OF MOTHER *Greenville S.C.*(17) COLOR OR RACE *W*(18) AGE AT LAST BIRTHDAY *23*

(Year)

(19) BIRTHPLACE *N.C.*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(Born alive or stillborn)

(New A. M. or P. M.)

(23) (Signature) *John A. M.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Greenville S.C.*

Given name added from a supplemental report

(26) Witness

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

19 ... Registrar

(27) Filed

19 ...

(28)

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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