

(1) PLACE OF BIRTH

County of Greenville
 Township of Highland
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14-For State Registrar Only
14264

Registration District No. 2211 Registered No. 17
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Adam

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age of Person at Birth 28 (7) DATE OF BIRTH Mar 2 28
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elmer Odum

(9) PRESENT POSTOFFICE OF FATHER Greer S.C. #2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Cora B Hart

(16) PRESENT POSTOFFICE OF MOTHER Greer S.C. #2

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)

(19) BIRTHPLACE S.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. E. Morrison

(24) Since whether Physician or Midwife (25) Address of Physician or Midwife Physician Campbell S.C.

Given name added from a supplemental report

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

(27) Filed June 9, 1925 (28) S. J. Wilson 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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