

(1) PLACE OF BIRTH

County of GreenvilleMunicipality of GreenvilleCity of GreenvilleTown of GreenvilleCity of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register Only

3847

Registration District No. 2005 Registered No. 6

(For use of Local Registrar)

(No. 6 St. 6 Ward)

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

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

(3) SEX MALE	(4) Twin or Triplet	(5) Number in order of birth	(6) Age in years months	(7) DATE OF BIRTH
	To be inserted only in case of Twin or Triplet		<u>20</u>	<u>27</u> <u>19</u> <u>21</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Ed C. Adams</u>	(14) NAME BEFORE MARRIAGE	<u>Mrs. William Adams</u>
(9) PRESENT RESIDENCE	<u>Richmond, Va.</u>	(15) PRESENT RESIDENCE	<u>Richmond, Va.</u>
(10) COLOR	<u>White</u>	(16) COLOR	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>31</u>	(17) AGE AT LAST BIRTHDAY	<u>31</u>
(12) RACE	<u>White</u>	(18) RACE	<u>White</u>
(13) BIRTHPLACE	<u>Richmond, Va.</u>	(19) BIRTHPLACE	<u>Richmond, Va.</u>
(20) OCCUPATION	<u>Bookkeeper</u>	(21) OCCUPATION	<u>Housewife</u>
(22) Number of children born to mother, including present birth	<u>6</u>	(23) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was at 3 A.M. on the date above stated. (Have alive or stillborn) (Hour A. M. or P.M.)(25) (Signature) Rose Zeldner (26) Address of Physician or Midwife

(27) Witness	(28) SIGNATURE
(Signature of Witness necessary only when question 24 is signed by mark)	<u>Rose Zeldner</u>

When this was not a birth, the Registrar shall not register it, and the Registrar shall not register it if a child is born at the same time as the child named in the certificate.