

(1) PLACE OF BIRTH

(1) PLACE OF BIRTH
County of Greenville

Township of

or
Inc. Town of Piedmont

or
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

2847

Registration District No. 22 Registered No. 325
(For use of Local Registrar)

(2) Full Name of Child Evlyn Super

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 1
to be entered only in case of twins or triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27 1922
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER E. P. Super

(14) NAME BEFORE MARRIAGE Mellie Hunt

(9) PRESENT POSTOFFICE OF FATHER Piedmont

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S. C.

(18) BIRTHPLACE S. C.

(13) OCCUPATION Cashier in Bank

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 born alive as 9:30 A. M. (Now A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 27 1922 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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