

(1) PLACE OF BIRTH

County of GreenvilleTownship of HamletInc. Town of GreenvilleCity of Greenville

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

(2) Full Name of Child Joseph Wilson AdamsNo. 43916

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

Registration District No. 2409Registered No. 2

For use of Local Registrar

(No. 341 Bates St. Sampson Ward)

3 SEX OF CHILD

4 TYPE OF BIRTH

5 NUMBER IN ORDER OF BIRTH

6 SEX OF MOTHER

7 DATE OF BIRTH

To be reported only in case of Twins or Triplets

MOTHER.

8 FULL NAME

Richard C. Davis

9 PRESENT RESIDENCE OF FATHER

Greenville

10 COLOR OR RACE

White

11 AGE AT LAST BIRTHDAY

(Year)

12 BIRTHPLACE

Ga.

13 OCCUPATION

Textile

14 NAME BEFORE MARRIAGE

Bertie McCurry

15 PRESENT RESIDENCE OF MOTHER

Greenville

16 COLOR OR RACE

White

17 AGE AT LAST BIRTHDAY

(Year)

18 BIRTHPLACE

Anderson Co - S.C.

19 OCCUPATION

Domestic

20 Number of children born to mother, including present birth

3

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 alive at 8:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 1 1924(28) has

19 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.