

(1) PLACE OF BIRTH,

CERTIFICATE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Mill-Haven State Board of Health

File No.—For State Registrar Only

14970

Inc. Town of Registration District No. 3107 Registered No. 27
OF (For use of Local Registrar)

City of (No. St.; Ward) 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 23 1923
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Salvage March

(9) NAME BEFORE MARRIAGE Ellie Adams

(10) PRESENT POSTOFFICE OF FATHER Lewisville S.C.

(11) PRESENT POSTOFFICE OF MOTHER Lewisville S.C.

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 34 (Years)

(14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 26 (Years)

(16) BIRTHPLACE S.C.

(17) BIRTHPLACE S.C.

(18) OCCUPATION Farm Laborer

(19) OCCUPATION Housewife

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

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

(23) (Signature) J. E. Crowder M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lewisville S.C.

Given name added from a supplemental report

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

(27) Filled (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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