

1. PLACE OF BIRTH
Charleston

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of _____

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

Township of _____

Registration District No. _____

Registered No. 656

Inc. Town of _____

(For use of Local Registrar)

City of Charleston, S.C.

(No. 30 Bertha

St.:

Ward)

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

2. FULL NAME OF CHILD Adam Eldred Viard

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

1. BOY or GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH May 10, 1922

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

8. FATHER Harry H. VIARD

MOTHER Arnell Beach

9. PRESENT POSTOFFICE OF FATHER Chas. S.C.

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER Chas. S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 27 (Years)

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 22 (Years)

12. BIRTHPLACE Charleston, S.C.

18. BIRTHPLACE Walterboro, S.C.

13. OCCUPATION Merchant

19. OCCUPATION Domestic

20. Number of children born to mother, including present birth 4

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 7: P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature J. M. Green

24. State whether Physician or Midwife M.D. 25. Address of Physician or Midwife Chas. S.C.

Given name added from a supplemental report

26. Witness

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

5/18/22

J. M. Green, M.D.

Registrar

27. Filed

19

LEON BANCROFT, Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make supplemental report as directed. 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.