

## (1) PLACE OF BIRTH

County of Greenville  
Township of Southor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4355

Only

## 2) Full Name of Child

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

(3) SEX OR CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. Arthur Burns

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C. R.F.D. 7

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1-5-

## MOTHER.

(14) NAME BEFORE MARRIAGE

Paul W. Adams

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Armistice

(20) Number of children of this mother now living, including present birth

1-5-

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 9 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

Dr. R. D. Smith

(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 mark)

(27) Filed

Feb. 17, 1922(28) E. B. Hendrix

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.

Registrar

Local Registrar

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