

Form No. 3

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Mill

or

Inc. Town of Greenville

or

City of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31475

Registration District No. 31BRegistered No. 12  
(For use of Local Registrar)

(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)

1. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	17. DATE OF BIRTH <u>April 17, 1922</u> (Name of Month) (Day) (Year)
8. FATHER'S FULL NAME <u>F. A. Adams</u>		10. MOTHER'S FULL NAME <u>F. A. Adams</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		11. PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
12. COLOR OR RACE <u>White</u>	13. AGE AT LAST BIRTHDAY <u>38</u> (Years)	14. COLOR OR RACE <u>White</u>	15. AGE AT LAST BIRTHDAY <u>40</u> (Years)	
16. BIRTHPLACE <u>Greenville</u>		18. BIRTHPLACE <u>Greenville</u>		
19. OCCUPATION <u>Teacher</u>		20. OCCUPATION <u>Housewife</u>		
21. Number of children born to father, including present birth <u>1</u>		22. Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was born alive at Greenville, S. C., on the date above stated. (Hour 5 M. or P. M.)(24) (Signature)  
[Signature]

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife  
Greenville

Given name added from a supplemental report

(27) Witness

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

(28) Filed April 17, 1922(29) Local Registrar  
[Signature]

\*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.