

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Grenville S.C.

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

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

Registration District No. 22A

File No.—For State Registrar Only

42567Registered No. 616

(For use of Local Registrar)

St.; ..... Ward

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

## (2) Full Name of Child

(3) SEX  
GIRL(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth 3(6) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH 1927 10 20  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEEd. Adams.(9) PRESENT  
POSTOFFICE  
OF FATHERGrenville S.C.(10) COLOR  
OR  
RACEnegro.(11) AGE AT LAST  
BIRTHDAY49  
(Years)

(12) BIRTHPLACE

Newbury S.C.

(13) OCCUPATION

laborer.

## MOTHER.

(14) NAME BEFORE  
MARRIAGEUla. Cooke.(15) PRESENT  
POSTOFFICE  
OF MOTHERGrenville S.C.(16) COLOR  
OR  
RACEnegro.(17) AGE AT LAST  
BIRTHDAY32  
(Years)

(18) BIRTHPLACE

Grenville S.C.

(19) OCCUPATION

Housekeeper.(21) Number of children of this mother  
now living, including present birth2.(20) Number of children born to  
mother, including present birth3.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician.

(25) Address of Physician or Midwife

Grenville S.C.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)Dec 81927

(27) Filed

Dec 8

(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.

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.