

## (1) PLACE OF BIRTH

County of AdairTownship of Greggor  
Inc. Town of .....or  
City of Greenville

(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

File No.—For State Registrar Only

24482

Registration District No. 204 Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child Dorothy Elizabeth High If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) <u>Twin</u> or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Guffey(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Adair Co.(13) OCCUPATION R.R. Fireman(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Davis(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Adair Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

(22) I hereby certify that I attended the birth of this child, who was born alive at G. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. B. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Adair Co.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(17) Filed Sept 8, 1922 (25) Walter H. Bull 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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