

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13790

(1) PLACE OF BIRTH

County of BeaufortTownship of Hiltonhead

Inc. Town of

City of

Registration District No. 802Registered No. 14
(For use of Local Registrar)(No. 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 Luke Green

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH May 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Green(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE

(19) OCCUPATION S. C.Farm Laborer(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 born alive at 9 A.M. on the date above stated. born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Frances Christopher(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Given name added from a supplemental report

(26) Witness W. D. Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 15 1922 (28) W. D. Brown 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.