

1. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc. In question 1, mention of columns. Columns 1 & 2

(1) PLACE OF BIRTH  
County of Chester  
Township of Rossville  
OF  
Inc. Town of .....  
OF  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child .....

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

File No.—For State Registrar Only  
**23910**

Registration District No. 1107 Registered No. 75  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If child is not yet named, make supplemental report as directed)

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 26, 23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME C. J. Green  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, N.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
(12) BIRTHPLACE Harrisburg Co. N.C.  
(13) OCCUPATION Textile  
(14) Number of children born to mother, including present birth One

MOTHER.  
(15) NAME BEFORE MARRIAGE Hattie Mae Byrd  
(16) PRESENT POSTOFFICE OF MOTHER Great Falls  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24  
(19) BIRTHPLACE Lancaster Co S.C.  
(20) 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 2 P.M. on the date above stated.  
(23) (Signature) J. B. Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls

Given name added from a supplemental report  
(26) Witness .....  
(27) Filed 7/4/23 19 23 Local Registrar J. B. Brown

\*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.