

Form No. 1

(1) PLACE OF BIRTH

County of Lee

Township of

or

Inc. Town of Bishopville

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 30.0

File No.—For State Registrar Only

43340

Registered No. 28
(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 Willie Green

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

July 4, 1922
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joe Green

(9) PRESENT POSTOFFICE OF FATHER

Bishopville S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

5-0
(Years)

(12) BIRTHPLACE

Lee Co

(13) OCCUPATION

Day Labor

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lidia Green

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25-
(Years)

(18) BIRTHPLACE

X

(19) OCCUPATION

Home work

(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 at R.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Camilla Boon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bishopville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan1923

(28)

Mrs. N. J. Loney
Local Registrar19
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.