

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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 5.  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Barry  
 Township of Little River  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**22645**

Registration District No. 2507 Registered No. 24  
 (For use of Local Registrar)

City of ..... (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 Margaret E. Green (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH April 3, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Richard E. Green  
 (9) PRESENT POSTOFFICE OF FATHER Hamper - S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Little River Township  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bryant  
 (15) PRESENT POSTOFFICE OF MOTHER Hamper - S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (18) BIRTHPLACE Little River Township  
 (19) OCCUPATION House-keeper

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Bryant  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamper 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 Apr 12, 22 (28) B. H. Shell toad  
 Registrar 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.