

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH CAPS AND 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  
 MEDICAL COLLEGE, COLUMBIA S. C.

47-1172

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 County of Anderson Bureau of Vital Statistics  
 Township of Savannah 543 Board of Health  
 or  
 Inc. Town of ..... Registration District No. 311 Registered No. 17  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**3087**

(2) Full Name of Child Clyde Green If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin 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>Feb 20 22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm Green</u>	(14) NAME BEFORE MARRIAGE <u>Corrie Green</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Star S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Star S.C.</u>			
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Anderson Co</u>	(18) BIRTHPLACE <u>Anderson Co</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Miller  
 (24) State whether Physician or Midwife Midwife (25) Address of Physit or Midwife Star 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 Mar 9 1922 (28) L. C. Todd 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.