

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Cutawor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708

File No.—For State Registrar Only

3299

Registered No. 13
(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 Buddy Green

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11th 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Green

(9) PRESENT POSTOFFICE OF FATHER Green St.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Johnson

(15) PRESENT POSTOFFICE OF MOTHER Green St.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Housewife

(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 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Celia Ruge

(24) State, whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Green St.

Given name added from a supplemental report

(26) Witness Lillian Broad(27) Filed Feb 14th 22 (28) D. W. Green 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.

MAILED RECEIVED FOR FILING, MANAGER, HEALTH DEPARTMENT, SOUTH CAROLINA, 1922

WRITE PLAINLY, WITH ENGLISH, IN INK, IN BLOCK LETTERS, FOR EACH CHILD, AND MARK THE CHILD, IN CASE OF TWINS, IN ORDER OF BIRTH, IN QUESTION 2, ETC., IN QUESTION 5.

IN 22—In case of TWINS, IN ORDER OF BIRTH, IN QUESTION 2, ETC., IN QUESTION 5.

MAILED BY CLERK, 1922