

## 1. PLACE OF BIRTH

County of Berkley Co

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_or  
City of Honey Hill S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 704

FILE No.—For State Registrar Only

44418Registered No. 21

(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. Full Name of Child

Frankie 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

(Name of Month) (Day) (Year)

## FATHER

## 8. FULL NAME

Isken Green

## 9. PRESENT POSTOFFICE OF FATHER

Honey Hill S.C.

## 10. COLOR OR RACE

negro

11. AGE AT LAST BIRTHDAY

45 (Years)

## 12. BIRTHPLACE

Berkley Co

## 13. OCCUPATION

Farm

20. Number of children born to mother, including present birth

1

## MOTHER

## 14. NAME BEFORE MARRIAGE

Lillie Nashway

## 15. PRESENT POSTOFFICE OF MOTHER

Honey Hill S.C.

## 16. COLOR OR RACE

negro

17. AGE AT LAST BIRTHDAY

42 (Years)

## 18. BIRTHPLACE

Berkley Co

## 19. OCCUPATION

house wife

21. Number of children of this mother now living, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

## 23. Signature

Flora McCheney

## 24. State whether Physician or Midwife

Midwife

Given name added from a supplemental report

## 26. Witness

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

## 27. Filed

9/31924

## 28.

C. F. Gurney

Local Registrar

19 \_\_\_\_\_  
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.

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 3.