

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of Low

City of Gadsden

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

(2) Full Name of Child Mary Jane Green

File No. - For State Registrar Only
5110

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

Registration District No. 2543 Registered No. 62
(For use of Local Registrar)

(3) BOY OR GIRL

girl

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married

Married

(7) DATE OF BIRTH

Feb 2 1923

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

FATHER.

(8) FULL NAME

Loaman Green

(9) PRESENT POSTOFFICE OF FATHER

Waterloo

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Gadsden SC

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sophie Hughes

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Waterloo

(19) OCCUPATION

House 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 alive at 9 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. P. M.)

(23) (Signature) Millie Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

19

23

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 stillborns before the fifth month of pregnancy.

McCOMB OF COLUMBIA, COLUMBIA, S. C.