

(1) PLACE OF BIRTH

County of AlbemarleTownship of South

Inc. Town of

City of

(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. 460.3

File No.—For State Registrar Only

133

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

George Green

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

(3) SEX OR
CHILD Boy(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH January 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME George Green(9) PRESENT
POSTOFFICE
OF FATHER allendale sc(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 22
(Year)(12) BIRTHPLACE Bullpond S C(13) OCCUPATION farmer Laborer(14) Number of children born to
mother, including present birth1 and 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Bernice Flowers(15) PRESENT
POSTOFFICE
OF MOTHER allendale sc(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 17
(Year)(18) BIRTHPLACE Bullpond S C(19) OCCUPATION farmer Laborer(21) Number of children of this mother
now living, including present birth1 and 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at A. P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julius H. Harrison(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife allendale scGiven name added from a supplement-
al report(26) Witness J. H. Parker(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed Jan 18, 1923(28) J. A. Rouss

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.

Registrar

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FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

Bureau of Columbia, Columbia, S. C.

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