

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

4781

County of DorchesterTownship of WagnerCity of WagnerCity of WagnerCity of Wagner

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

Registration District No. 3524 Registering No. 17

(For use of Local Registrar)

(2) Full Name of Child James Earl Green

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

BOY OR GIRL <u>Boy</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>2</u>	(6) Age of Father <u>30</u>	(7) DATE OF BIRTH <u>July 19 23</u>
FATHER'S NAME <u>James E. Green</u>		MOTHER'S NAME <u>Pearl Green</u>		
PRESENT POSTOFFICE OF FATHER <u>Wachulla SC</u>		PRESENT POSTOFFICE OF MOTHER <u>Wachulla SC</u>		
COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Dorchester Co SC</u>		BIRTHPLACE <u>Dorchester Co SC</u>		
OCCUPATION <u>Wagoner</u>		OCCUPATION <u>Housewife</u>		
Number of children born to mother, including present birth <u>5</u>		Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was born alive & full term on the date above stated.(9) (Signature) [Signature]
(10) State whether Physician or Midwife (11) Address of Physician or Midwife

Name added from a supplemental report

(12) Witness (Signature of Witness necessary only when question 8 is signed by mark)

(13) Filed July 23 1923 (14) 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.

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