

(1) PLACE OF BIRTH  
 County of Charleston STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Cherokee State Board of Health

File No.—For State Registrar Only  
**50468**

or  
 Inc. Town of ..... Registration District No. 4002A Registered No. 158  
 or  
 City of ..... (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 Lillie May Green { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23, 1906  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Frank Hopper  
 (9) PRESENT POSTOFFICE OF FATHER Goffney SC 9  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE May Walthers  
 (15) PRESENT POSTOFFICE OF MOTHER .....  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housekeeper  
 (20) Number of children of this mother now living, including present birth 4

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lillian Kelly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chesnee, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 3/1/06 (28) L. B. Clerkwell 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.

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 5.

McCauley, of Columbia.