

2913.

County of Barren
Township of Blackville

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

THE TOWN OF.....

Registration District No. 1-2-5 Registered No. 11
(For use of Local Registrar)

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

(a) NOT ON ONLY <i>Boy</i>	(c) Type or Triplet To be answered only in event of Twins or Triplets	(b) Number in order of birth	(d) Are Parents Married <i>Yes</i>	(e) DATE OF BIRTH <i>Jan 11, 23</i> (Month) (Day) (Year)
-------------------------------	---	---------------------------------	--	--

FATHER

MOTHER

Full Name James E. Jones

(14) NAME BEFORE MARRIAGE Fannie Louise

PRESENT POSTOFFICE OF FATHER Blackville

(18) PRESENT POSTOFFICE OF MOTHER Blackville

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Year)

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *24* (Years)

76 BIRTHPLACE Lt.

(16) BIRTHPLACE *St. To*

(1b) OCCUPATION Farmer

(16) OCCUPATION

(20) Number of children born to mother, including present birth: 1 3

(71) Number of children of this mother
now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:45 AM,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) P. H. Hammond, Jr.
(24) State whether Division or Midwife | (26) Address of Division or Midwife

Given name added from a supplement-
tal report

(20) Witness
(Signature of Witness necessary only
when question 11 is signed by mark)

(27) Filed Feb. 10... 1923 (28) U.S. Pat. 1,455,000

~~When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.~~