

(1) PLACE OF BIRTH

County of *Pamlico*
Township of *Callemville*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

84392

Registration District No. *572*

Registered No. *151*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. _____ St. _____ Ward _____

(2) Full Name of Child *Edith Alice Green*

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *To be answered only in event of Twins or Triplets*
(5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Nov 14 1916*
(Name of Month Day Year)

FATHER
(8) FULL NAME *Gennie Green*
(9) PRESENT POSTOFFICE OF FATHER *Fairfax SC*
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *21*
(12) BIRTHPLACE *SC*
(13) OCCUPATION *Farm Labour*

MOTHER
(14) NAME BEFORE MARRIAGE *Elizabeth*
(15) PRESENT POSTOFFICE OF MOTHER *Fairfax SC*
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *19*
(18) BIRTHPLACE *SC*
(19) OCCUPATION *Farm Labour*

(20) Number of children born to mother, including present birth *1*
(24) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M.
on the date above stated. (Not valid for stillborn child A. M. or P. M.)

(23) (Signature) *Belle J. Bruncherson*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Fairfax SC*

Given name added from a supplemental report

(26) Witness *F. H. Boyd*
(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed *Nov 29 1916* (28) *F. H. Boyd* Local Registrar

When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired on stillbirths before the fifth month of pregnancy.

RECEIVED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. FILE NO. 84392

City
or Only
Ward
make record
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M.
P. M.
Sc