

(1) PLACE OF BIRTH

County of

Barnwell

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

Registration District No. 500

File No. For State Registrar Only

84392

Registered No. 151
(For use of Local Registrar)

(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

Edith Alice Green

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth.

(6) Are Parents Married?

(7) DATE OF BIRTH

Mar 14 1916
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Glenzie Green

(14) NAME BEFORE MARRIAGE

Elizabeth

(9) PRESENT POSTOFFICE OF FATHER

Fairfax SC

(15) PRESENT POSTOFFICE OF MOTHER

Fairfax SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21
(Years)

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

SC

(18) BIRTHPLACE

SC

(13) OCCUPATION

Farm Laborer

(19) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth.

1

(21) 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.

(23) (Signature)

Belle B. Bruncherson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

F. H. Boyd

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

(27) Filed

Mar 29 1916

(28)

F. H. Boyd

*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 of stillbirths before the fifth month of pregnancy.