

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

17497

County of Edgefield

Township of Union

or
In Town of Edgefield

City of Edgefield

Registration District No. 15A

Registered No. 19

(For use of Local Registrar)

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

(2) Full Name of Child Willie H. Green If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/1/28 (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Willie H. Green
(9) PRESENT POSTOFFICE OF FATHER Edgefield
(10) COLOR OR RACE Red (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Edgefield S.C.
(13) OCCUPATION Barber Not Plains
(14) Number of children born to mother, including present birth 1st

MOTHER
(14) NAME BEFORE MARRIAGE Willie Dean
(15) PRESENT POSTOFFICE OF MOTHER Edgefield
(16) COLOR OR RACE Red (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Union S.C.
(19) OCCUPATION House of Painter
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Edgefield on the date above stated. (Miles A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

Given Name added from a supplemental report

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

(27) Filed 1/10/28 (28) C. L. H. H. H. H. 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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