

(1) PLACE OF BIRTH  
County of Union

Township of Union  
or  
Inc. Town of Union  
or  
City of Union  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
22798

Registration District No. 42-A Registered No. 107  
(For use of Local Registrar)

(2) Full Name of Child Marion Ruth Green  
(No. ... St. ... Ward)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl  
(4) Twin or Triplet? ☒  
(5) Number in order of birth 3  
(6) Are Parents Married? Yes  
(7) DATE OF BIRTH July 4 23  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Robert A. Green

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE white  
(11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE U.C.

(13) OCCUPATION Mill operative  
(14) Number of children born to mother including present birth 3

MOTHER  
(14) NAME BEFORE MARRIAGE Mrs. R. Pauland

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE white  
(17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE U.C.

(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive on (Month) (Day) (Year) at (City) (State) (County) (Municipality) on the date above stated.

(22) (Signature) J. H. Green  
(23) Name of Physician or Midwife J. H. Green  
(24) Address of Physician or Midwife Union S.C.

(25) When name added from a supplemental report  
101  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 8.10.23 (28) J. S. Daniel Local Registrar

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