

(1) PLACE OF BIRTH

County of

Greenville

Township of

Bates

Inc. Town of

Greenboro

City of

Greenboro

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Was the child born at home?

(5) Date of birth

(6) Sex of child

Yes

(7) Name of father

(8) Name of mother

(9) Name of child at birth

(10) Name of child at birth

(11) FULL NAME

William Green

(12) PRESENT POSTOFFICE OF FATHER

Travelers Rest, S.C.

(13) COLOR OF RACE

Colored

(14) AGE AT LAST BIRTHDAY

23

(15) YEARS

(16) BIRTHPLACE

S.C.

(17) OCCUPATION

Farmer

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

1

(19) Number of children at birth, including present birth

1

(20) Number of children at birth, including present birth

1

(21) Number of children at birth, including present birth

1

(22) Number of children at birth, including present birth

1

(23) Number of children at birth, including present birth

1

(24) Number of children at birth, including present birth

1

(25) Number of children at birth, including present birth

1

(26) Number of children at birth, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(28) (Signature)

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife

(31) Address of Physician or Midwife

(32) Address of Physician or Midwife

(33) Address of Physician or Midwife

(34) Address of Physician or Midwife

(35) Address of Physician or Midwife

(36) Address of Physician or Midwife

(37) Address of Physician or Midwife

(38) Address of Physician or Midwife

(39) Address of Physician or Midwife

(40) Address of Physician or Midwife

(41) Address of Physician or Midwife

(42) Address of Physician or Midwife

(43) Address of Physician or Midwife

(44) Address of Physician or Midwife

(45) Address of Physician or Midwife

(46) Address of Physician or Midwife

(47) Address of Physician or Midwife

(48) Address of Physician or Midwife

Given name added from a supplementary report

(49) Witness

(50) Signature of Witness

(51) Address of Witness

(52) Address of Witness

(53) Address of Witness

(54) Address of Witness

(55) Address of Witness

(56) Address of Witness

(57) Address of Witness

(58) Address of Witness

(59) Address of Witness

(60) Address of Witness

(61) Address of Witness

(62) Address of Witness

(63) Address of Witness

(64) Address of Witness

(65) Address of Witness

(66) Address of Witness

*When there was no attending physician or midwife, then the father, householder, etc., should make this report, if a child has been born, even once, it must not be reported as stillborn. No report is required of stillborn children after the fifth month of pregnancy.

MARGIN RESERVED FOR PRINTING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
McGraw-Hill of Columbia.