

(1) PLACE OF BIRTH

County of CalhounTownship of CalhounOR
Inc. Town of.....OR
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jeanette May Green

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

(3) SEX OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 29, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clifford Green(9) PRESENT POSTOFFICE OF FATHER H. H. Andrews(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Harmonizer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Robinson(15) PRESENT POSTOFFICE OF MOTHER H. H. Andrews(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Harmonizer(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 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Agnes K. Craig

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 4, 1923(28) J. H. Murphy 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
41152Registration District No. 801Registered No. 132
(For use of Local Registrar)

(No. St.; Ward)

WHITES EXCLUSIVELY. WITH UNFADING INK—FILL IN A PERMANENT RECORD. N. W.—In case of TWINS OR TRIPLETS use a NEUTRAL BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, S. C.

RECEIVED