

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Lowndesor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12162

Registration District No.

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Lily Bell Green3 BOY OR GIRL girlTwin
or Triplet5 Number in
order of birth 2(6) Are
Parents
Married no(7) DATE OF
BIRTH March 7, 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME J. Legitimate9 PRESENT
POSTOFFICE
OF FATHER10 COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE Martha Green(15) PRESENT
POSTOFFICE
OF MOTHER Baydon St(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 19
(Years)(18) BIRTHPLACE St(19) OCCUPATION at home(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at St. P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter StGive name added from a supplement-
al report(26) Witness J. D. Kinney(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed April 1, 1923(28) Local Registrar R. J. KinneyWhen 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.