

(1) PLACE OF BIRTH

County of Marion  
Township of Wake

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

46810

Inc. Town of ..... Registration District No. 3207 Registered No. 5  
(For use of Local Registrar)  
City of ..... (No. Thomas St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Willis Green { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH June 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wesley Green  
(9) PRESENT POSTOFFICE OF FATHER Eppinghorne  
(10) COLOR OR RACE Wign (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Shalwell Co SC  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lessie Thomas  
(15) PRESENT POSTOFFICE OF MOTHER Eppinghorne  
(16) COLOR OR RACE Wign (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Shalwell Co SC  
(19) OCCUPATION Housewife  
(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 alive, at ..... 11 ..... P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. Evans  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness C. F. Jones  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10 1916 (28) B. F. Dill 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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Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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 5.

McCaw, of Columbia.