

WRITE PLAINLY. WITH UPWARD CURVED LINE TO A VERTICAL LINE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THE OTHER, No. 2, etc., IN QUOTES & RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Marion
Township of Howell
OF
Inc. Town of
OF
City of

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

File No.—For State Registrar Only
11279

Registration District No. 3206 Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Gale Green
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Normal</u> To be covered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Blackwell</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Green</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gresham S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Marion Co. S.C.</u>			(18) BIRTHPLACE <u>Marion Co. S.C.</u>	
(13) OCCUPATION <u>Public Laborer</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) E. L. Robinson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gresham S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
G. M. Boatwright
(27) Filed Apr. 11, 1923 (28) G. M. Boatwright 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.