

(1) PLACE OF BIRTH

County of ..

Township of ..

Inc. Town of ..

City of ..

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
2967

Registration District No. 60313

Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Joseph Green

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

(3) SEX
Boy(4) Twin
or Triplet(5) Number in
order of birth 4(6) Are
Parent
Married(7) DATE OF
BIRTH Feb 11, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Clifton Green(9) PRESENT
POSTOFFICE
OF FATHER Yemassee SC(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 30

(Years)

(12) BIRTHPLACE Beaufort Co

(13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE
MARRIAGE Elizabeth Simmon(15) PRESENT
POSTOFFICE
OF MOTHER Yemassee(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 20

(Years)

(18) BIRTHPLACE Beaufort Co

(19) OCCUPATION farmer

(20) Number of children born to
mother, including present birth 4(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Catherine Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed Feb 17, 1923

(28) Filed Feb 17, 1923

(29) Filed Feb 17, 1923

When there was no attending physician or midwife, then the father, householder, etc., should make a report.
If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirths before the fifth month of pregnancy.