

(1) PLACE OF BIRTH
County of Greenville
Township of Highland
or
Inc. Town of
or
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 Health

File No.—For State Registrar Only
56092

Registration District No. 22/11 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Princelle Green } If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 25 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Beattie L. Green
(9) PRESENT POSTOFFICE OF FATHER R.#3. Green S.S.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Green S.S.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Five

MOTHER.
(15) NAME BEFORE MARRIAGE Alethia Goodlett
(16) PRESENT POSTOFFICE OF MOTHER R.#3. Green S.S.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 27 (Years)
(19) BIRTHPLACE Q. mal S.S.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice, at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) David B. Jackson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys R.#3. Green S.S.

Given name added from a supplemental report
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.....
.....
Registrar

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)
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(27) FILED 4-28 1916 (28) J. A. Lindsay 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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McCauley, of Columbia. M.D.—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 2.