

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

31457

Registration District No. 901

Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year) Sept. 26, 1913
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FATHER.

(8) FULL NAME James Green	(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 45
(9) PRESENT POSTOFFICE OF FATHER Dover, N.C.	(12) BIRTHPLACE Spartanburg, S.C.	(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Simmons	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 23
(15) PRESENT POSTOFFICE OF MOTHER Dover, N.C.	(18) BIRTHPLACE Spartanburg, S.C.	(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth

1 2

(21) Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Eliza Simmons

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1913

23

(28) Local Registrar

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