

## (1) PLACE OF BIRTH

County of Florence  
 Township of Trille S.C.  
 OF  
 Inc. Town of .....  
 OR  
 City of .....

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

File No. — For State Registrar Only  
**38361**

Registration District No. 2015 Registered No. 94  
 (For use of Local Registrar)

City of ..... (No. .... 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 James Joseph If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 27 19 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER:**  
 (8) FULL NAME Sylvester Green  
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 39  
 (Year) (12) BIRTHPLACE Hartsville S.C.  
 (13) OCCUPATION Laborer

**MOTHER:**  
 (14) NAME BEFORE MARRIAGE Margaret Gommers  
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 16  
 (Year) (18) BIRTHPLACE Hartsville S.C.  
 (19) OCCUPATION Domestic

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Mary G. G.  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Trille

Given name added from a supplemental report

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

(27) Filed Nov 28 19 22 (28) R. H. Nelson 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.  
 DECATUR, GEORGIA, COLUMBIA, S. C.