

(1) PLACE OF BIRTH

County of Georgetown
 Township of
 or
 Inc. Town of
 or
 City of Georgetown
 (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

42504

Registration District No. 21ARegistered No. 116
(For use of Local Registrar)

(2) Full Name of Child Jessie Green (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? (1) (5) Number in order of birth (5) (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 28 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Lee Green
 (9) PRESENT POSTOFFICE OF FATHER Georgetown
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 1922
 (12) BIRTHPLACE C. N. C.
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth (5) (7)

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Jennette
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 1922
 (18) BIRTHPLACE Georgetown S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth (5) (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Midwife Mary Abner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mary Davis
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Dec 19 1922 (28) Mrs. R. J. King
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.