

Form No. 3

(1) PLACE OF BIRTH

County of Aiken
 Township of Wards
 or
 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
40638

Registration District No. 214

Registered No. 40
 (For use of Local Registrar)

(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 Edith Greene

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Paul Green
 (9) PRESENT POSTOFFICE OF FATHER Monetta SC
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE Edgefield Co SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Nora Kemner
 (15) PRESENT POSTOFFICE OF MOTHER Monetta SC
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Lexington SC
 (19) OCCUPATION Farming labor
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Bacon
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridge Spring SC

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) E. Dore 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.

N. 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.