

(1) PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town of Hammond

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No.

(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 Charles Hardy Greene If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH May 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Greene(9) PRESENT POSTOFFICE OF FATHER Augusta Ga 3173(10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Aiken S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Ma Butler(15) PRESENT POSTOFFICE OF MOTHER Augusta 3173(16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Edgely S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 8:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) M. Anne Hunt(23) State whether Midwife(24) Address of Physician or Midwife Augusta 174

(Given name added from a supplemental report)

(25) Witness Marist Greene
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed May 23 1923 (27) Local Registrar in(28) Local Registrar in

*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.