

PLACE OF BIRTH

County of Orangeburg.

Township of _____

or
City or Town of Entawvilleor
City of _____Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

1933-2

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD

Nixreen Cash Green{ If child is not yet named, make
supplemental report as directed.

Boy or Girl

Girl

If Plural

births

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

Full term _____

7. Legiti-

mate? NO

8. Date of

birth

Jan. 23 1923

(Month, day, year)

FATHER

Full
nameOtway Cash

Residence (usual place of abode)

(If nonresident, give place and State)

Entawville, S.C.

Color or race

Col.

12. Age at last birthday

23

(Years)

Birthplace (city or place)

(State or country)

Entawville, S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer at15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.Lumber Co.16. Date (month and year) last
engaged in this work

19____

17. Total time (years)
spent in this work

MOTHER

18. Full
maiden
nameBertha Green

19. Residence (usual place of abode)

(If nonresident, give place and State)

Entawville, S.C.

20. Color or race

Col.

21. Age at last birthday

15

(Years)

22. Birthplace (city or place)

(State or country)

Orangeburg Co. S.C.23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.At Home.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work

19____

26. Total time (years)
spent in this work

Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

1

(b) Born alive but now dead

(c) Stillborn

If stillborn,

period of gestation

{ months
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30 a.m. on Jan. 23 1923 the date above stated
(Born alive or stillborn)

(Signed) _____

M. D.

or

Nellie DeSaussure.

Midwife

Address _____

Filed 9/30.30 1923

Registrar

Registrar

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Name added from
supplemental report

(Date of)