

(1) PLACE OF BIRTH

County of OrangeburgTownship of Wadleyor
Inc. Town of.....or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Green

(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 Sept. 1, 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>William Green</u>	(14) NAME BEFORE MARRIAGE <u>Sela Simon</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wadley S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wadley S.C.</u>
(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James Green
(24) State whether Physician or Midwife Grand father (25) Address of Physician or Midwife Wadley S.C.

Given name added from a supplemental report

(26) Witness A.C. Dantley
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept. 2, 1922 (28) W.A. Dantley Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31758

Registration District No. 3618 Registered No. 49
(For use of Local Registrar)

(No. St. Ward)

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