

## (1) PLACE OF BIRTH

County of YorkTownship of Ridgelyor  
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 Paul Henry Green

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 Twins or Triplets

5) Number in order of birth 1st6) Are Parents Married? yes

7) DATE OF BIRTH

May 25 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Green Henry (Green)

9) PRESENT POSTOFFICE OF FATHER

Green B.C. Rt # 5

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

38  
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Machinist

20) Number of children born to mother, including present birth

4

## MOTHER.

14) NAME BEFORE MARRIAGE

Olga Barnett

15) PRESENT POSTOFFICE OF MOTHER

Green B.C. Rt # 5

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY

31  
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Domestic

21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was...  
on the date above stated.born alive at 11 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

13 F M Thorne M.D.

(25) Address of Physician or Midwife

Green B.C. Rt # 5

Given name added from a supplemental report

M. B. W. - M.D.6/3/49

19... Registrar

(26) Witness

(Signature of Witness, necessary only when question 23 is signed by mark)

(27) Filed

June 10 1922

(28)

M. J. Thorne  
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.

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