

THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Horeau Path  
or  
Inc. Town of ..... Registration District No. 307 Registered No. 88  
(For use of Local Registrar)  
City of ..... (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 James Guy Green, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age of Parents <u>Married</u>	(7) DATE OF BIRTH <u>6-25-28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Guy Green</u>			(14) NAME BEFORE MARRIAGE <u>Leola Lucile Pruitt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Horeau Path S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Horeau Path S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Anderson Co.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>Anderson Co.</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(20) OCCUPATION <u>Domestic</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 Alive at 11:45 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Williams  
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Horeau Path S.C.

Given name added from a supplemental report

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

(27) Filed July 30 1922 (28) Jessie Williams 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.

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.