

(1) PLACE OF BIRTH

County of Jasper Township of Piedmont or
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 260 Registered No. 61
(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 Alberta Green
If child is not yet named, make supplemental report as directed(3) SEX OR Girl (4) Type No (5) Number in 1 (6) Are No (7) DATE Oct 31, 23
or Triplet To be covered only in event of Twin or Triplet BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME J. C. White
(9) PRESENT RESIDENCE OF FATHER Ridgeland S.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE ? (13) OCCUPATION Public work (14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME OF MOTHER Rebecca Green
(15) PRESENT RESIDENCE OF MOTHER Greenville S.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Year)
(18) BIRTHPLACE South Carolina (19) OCCUPATION House work (20) Number of children of the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated(22) (Signature) Mary Hannah
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(26) Filed 11/6-23 (27) Local Registrar R. E. R.

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.