

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of York

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

File No. - for State Register Only
5307

Township of Walton

Registration District No. 4010

Registered No. 10
(For use of Legal Registrar)

Inc. Town of

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

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Title <u>Infant</u> To be entered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age of Child at Birth <u>3 1/2</u>	(7) DATE OF BIRTH <u>2/5/23</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Green</u>			(9) NAME BEFORE MARRIAGE <u>Maggie Zimmerman</u>	
(10) PRESENT RESIDENCE OF FATHER <u>York</u>			(11) PRESENT RESIDENCE OF MOTHER <u>York</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>39</u> (Year)	
(16) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(19) OCCUPATION <u>Hammer</u>		(20) OCCUPATION <u>Dom.</u>		
(21) Number of children born to mother, including present birth <u>4</u>		(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Sign alive or stillborn) (Day, M., or Yr.)

(24) (Signature) [Signature]
(25) State whether Physician or Midwife
(26) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(28) Filed Feb 27 1923 (29) Judith 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.

MASSACHUSETTS BUREAU OF PUBLIC HEALTH. WITH REPAIRS. MADE BY A. J. ...