

(1) PLACE OF BIRTH

County of Charleston
Township of Olney
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41700

Registration District No. 1206 Registered No. 125
(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 Bessie Epibella Green If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 1st 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME William E. Green
(9) PRESENT POSTOFFICE OF FATHER Pageland S.C.R. 1
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Year)
(12) BIRTHPLACE A.C.
(13) OCCUPATION Ronan
(20) Number of children born to mother, including present birth 7

MOTHER
(14) NAME BEFORE MARRIAGE Bessie Mills
(15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.R. 1
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Duties
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Lawrence
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report
(26) (Signature) W. E. Green
(Signature of witness necessary only when question 22 is signed by mark)

(27) 3/21/22 (28) W. K. ...
Registrar Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return.
If a child breathes even once, it must be reported as a birth. No report is desired of stillbirths before the sixth month of pregnancy.