(1) PLACE OF BIRTH

County of Beaufort Co

Township of Hilton Head

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
31842

Registration District No. 602 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child John Green

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Nov 11 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Christopher Green	(14) NAME BEFORE MARRIAGE	Estella Johnson
(9) PRESENT POSTOFFICE OF FATHER	Hilton Head S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Hilton Head S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Hilton Head S.C.	(18) BIRTHPLACE	Hilton Head S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Home Wife
(20) Number of children born to mother, including present birth	Two	(21) Number of children of this mother now living, including present birth	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Christopher

(24) State whether Physician or Midwife M. W.

(25) Address of Physician or Midwife Hilton Head S.C.

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed 11/14 1923 (28) [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., [illegible] If a child breathes even once, it must not be reported as stillborn. No report is [illegible] before the fifth month of pregnancy.

[illegible] 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.

[illegible] of Columbia, Columbia, S. C.