

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 WilliamsburgTownship of Fair Keyor
Inc. Town of

or

City of

(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

54095

Registration District No. 4311 Registered No. 22
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. Ruth Green

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Mar. 14, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Baxter Green(9) PRESENT POSTOFFICE OF FATHER Kingsfield S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Williamsburg(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marah Wallace(15) PRESENT POSTOFFICE OF MOTHER Kingsfield S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Williamsburg(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M.,
(Born alive or stillborn) (Hour & M. of A. M.)
on the date above stated.(23) (Signature) Baxter Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Baxter Green

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

(27) Filed Mar 14, 1914

(28)

E. S. Swope
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.