

No. 1.

(1) PLACE OF BIRTH

County of CalhounTownship of Amelia

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 802 Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Ruth Green

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 29 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Richard Green(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Glatton(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura X Green(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness W. R. Ash
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 3 1917 (28) W. R. Ash 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.