

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		23 046589
Township of .....		Bureau of Vital Statistics		
or		State Board of Health		
Inc. Town of .....		Registration District No. <u>23 C</u>		Registered NO. ....
or		(For use of Local Registrar)		
City of <u>Greenwood SC</u>		(No. <u>Greenwood Hospital</u> )		Ward .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number)				
2. FULL NAME OF CHILD <u>William Frances Greene Jr.</u>		(If child is not yet named, make supplemental report as directed.)		
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Are Parents
		5. Number, in order of birth.....	Full term? <u>yes</u>	Married? <u>yes</u>
9. Full name <u>FATHER</u> <u>William Francis Greene</u>		18. Name before marriage <u>MOTHER</u> <u>Bessie Jane McFarland</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Greenwood SC</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Greenwood SC</u>		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>34</u> (Years)		21. Age at last birthday <u>31</u> (Years)		
13. Birthplace (city or place) (State or country) <u>Greenwood SC</u>		22. Birthplace (city or place) (State or country) <u>Rutherford Co NC</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Owner of</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Felling Station</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....	
	16. Date (month and year) last engaged in this work .....		25. Date (month and year) last engaged in this work .....	
17. Total time (years) spent in this work .....		26. Total time (years) spent in this work .....		
27. Number of children of this mother (At time of birth and including this child) <u>2</u>		(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....		
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		
		Before labor..... During labor.....		
Specify any physical deformities of child at birth.....				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.M.</u> on the date above stated. (When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Born alive or stillborn)				
Given name added from a supplemental report.....		(Signed) <u>[Signature]</u> M.D.		
(Date of) .....		or..... Midwife		
Registrar.....		Address <u>Greenwood SC</u>		
		Filed <u>June 7</u> , 19 <u>40</u> <u>Mrs. C. Middleton</u>		
		Registrar.....		