

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  
 County of Greenwood  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Greenwood S.C. (No. Greenwood Hospital) Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
 2. FULL NAME OF CHILD William Frances Green, Jr. (If child is not yet named, make supplemental report as directed.)

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 23 C

FILE  
 23 046589  
 Registered NO. \_\_\_\_\_  
 (For use of Local Registrar)

3. Boy or Girl Boy If Plural Births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents yes 8. Date of birth April 9, 1923  
 5. Number, in order of birth \_\_\_\_\_ Full term? yes Married? yes (Month, day, year)

9. Full name William Francis Green FATHER 18. Name before marriage Bessie Jane McFarland MOTHER

10. Residence (mailing address) Greenwood S.C. 19. Residence (mailing address) Greenwood S.C.  
 (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 34 (Years) 20. Color or race White 21. Age at last birthday 31 (Years)

13. Birthplace (city or place) Greenwood S.C. 22. Birthplace (city or place) Rutherford Co N.C.  
 (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Owner of</u>	OCCUPATION	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 _____ 19. _____		25. Date (month and year) last engaged in this work _____ 19. _____
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) 2 (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

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 alive at 2 P.M. on the date above stated.  
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 (Signed) [Signature] M.D.

Given name added from \_\_\_\_\_ or \_\_\_\_\_ Midwife  
 a supplemental report \_\_\_\_\_ Address Greenwood S.C.  
 (Date of) \_\_\_\_\_

Filed June 7, 1920 Mrs. C. Middleton  
 Registrar. Registrar.