

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Rockyor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2535

Registration District No. 4006Registered No. 1

(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 Paul William Green

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

1-31-22

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Jess N. Green

(9) PRESENT POSTOFFICE OF FATHER

Trough, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

i. c. N. C.

(13) OCCUPATION

Millwork

## MOTHER

(14) NAME BEFORE MARRIAGE

Myrtle Ballew

(15) PRESENT POSTOFFICE OF MOTHER

Trough, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

N. C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

N. L. Kutt

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

N. D. Paster, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2-1-22(28) M. W. Brown

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.

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WHILE PLAINLY WITH UNPAID INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of TWINS, use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. This OTHER, No. 2, etc. In question 5

MADE BY COLUMBIA, COLUMBIA, S. C.