

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

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

3020

Registration District No. 705Registered No. 22
(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 Rimas Green

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

(a) BOY OR GIRL <u>B</u>	(c) Twin or Triplet To be answered only in event of Twin or Triplet	(d) Number in order of birth	(e) Are Parents Married <u>yes</u>	(f) DATE OF BIRTH <u>Feb. 13, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(a) FULL NAME Robt. Green(b) PRESENT POSTOFFICE OF FATHER Pineville(c) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Washington(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Pineville(19) OCCUPATION Farmer-wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Ludina Judge
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Midwife Pineville

Given name added from a supplemental report

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

(26) Filed Feb. 19, 23 (27) W. D. Floyd

When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.

REMARKS: REMARKS TO BE PRINTED IN THIS SPACE. 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.