

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

County of Greenwood

Bureau of Vital Statistics
State Board of Health

42805

Township of _____

Registration District No. 185

Registered No. _____

or
Inc. Town of _____

(For use of Local Registrar)

or
City of Greenwood S.C.

(No. _____

St.; _____

Ward) _____

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

2. FULL NAME OF CHILD _____

{ 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 Dec 4

1922

To be answered only in event of Twins or Triplets

(Name of Month (Day) (Year)

8. FULL NAME FATHER
George Hagen

14. NAME BEFORE MARRIAGE MOTHER
Laura Williams

9. PRESENT POSTOFFICE OF FATHER Philadelphia Penn

15. PRESENT POSTOFFICE OF MOTHER Phila. Penn

10. COLOR OR RACE Negro

11. AGE AT LAST BIRTHDAY 24
(Years)

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 23
(Years)

12. BIRTHPLACE Athens Co. S.C.

18. BIRTHPLACE S.C.

13. OCCUPATION Work around P.O.

19. OCCUPATION Domestic

20. Number of children born to mother, including present birth { 2

21. Number of children of this mother { 2
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature Dr. C. L. Scurry

24. State whether Physician or Midwife

25. Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report _____

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

27. Filed Dec. 14 1922 W.P. Bowlin
Local Registrar.

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.