

Form No. 1

(1) PLACE OF BIRTH

County of B. H.Township of St. Helenaor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 601 Registered No. 57
(For use of Local Registrar)

File No. — For State Registrar Only

12992

(2) Full Name of Child Albert Green If child is not yet named, make supplemental report as directed

1) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be covered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Mar. 29, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Johnnie Green</u>			14) NAME BEFORE MARRIAGE <u>Lena Smith</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Frogmore, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Frogmore, S.C.</u>	
10) COLOR OR RACE <u>B</u>	11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	16) COLOR OR RACE <u>B</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William W. Wooten
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar. 29, 1923 (28) W. W. Wooten 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.