

(1) PLACE OF BIRTH

County of Greenville
Township of Jackson Hills
Name of Town or City of Greenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Register Only

21225

Registration District No. 2209A

Registered No. **217**
(For use of Local Registrar)

St. Ward)

(If birth occurs in a hospital or other institution, give name, address, and number.)

(2) Full Name of Child

(3) Day on
born **29** (4) Time
or Fraction
to be inserted only in event of twins or triplets
6-21

(5) Number in
order of birth
1

(6) Are
Parent
Married
No

(7) DATE
BORN
July 12 1923
(Month) (Day) (Year)

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

(8) MOTHER
Grace Perno

(9) FATHER

John W. Green(10) PRESENT
RESIDENCE
OF FATHER**Greenville, S.C.**(11) COLOR
OR
RACE**White**

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Actor(14) Number of children born to
mother, including present birth**2**(15) Number of children of this mother
now living, including present birth**1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was **alive** at birth, **dead** at birth, **alive** or stillborn **alive** or **dead**.
on the date above stated.

(21) (Signature)

(22) Name of Physician or Midwife

(23) Address of Physician or Midwife

Give name added from a supplemental report

(24) Witness

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

(25) File No.

(26) 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.