

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16760

Registration District No. 4006

Registered No. 63  
(For use of Local Registrar)

(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

J. M. Green

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

5-8-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. C. Green

(9) PRESENT POSTOFFICE OF FATHER

Paolot S.C. R-1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Tenant Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Owens

(15) PRESENT POSTOFFICE OF MOTHER

Paolot S.C. R-1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 17  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.

(23) (Signature)

W. L. Kirkpatrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D. Paolot S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

6-1

1922

(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.