

No Corres.
Paid

9/3/43

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of.....

or
Inc. Town of.....

or
City of Eastover, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803

22 049349

FILE No.—For State Registrar Only

01218

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

2. FULL NAME OF CHILD Ireather Green { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Jan. 3</u> , 19 <u>42</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name
FATHER
Harry Green

18. Name before marriage
MOTHER
Lizzie Lovett

10. Residence (mailing address)
(If non-resident, give place and State) Eastover, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Eastover, S.C.

11. Color or race Col. 12. Age at child's birth 32 (years)

20. Color or race Col. 21. Age at child's birth 26 (years)

13. Birthplace (city or place)
(State or country) Eastover, S. C.

22. Birthplace (city or place)
(State or country) Eastover, S. C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm Work

16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive m. on the date above stated.

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

(Signed) [Signature], Parent

Given name added from [Signature] or.....
a supplementary report..... (Date of).....

or....., Guardian

Address.....

Filed Jan. 3, 1944 L. A. Riser, M.D.
Registrar.

Registrar.

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