

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

Standard Certificate of Birth

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

22 049349
FILE No.—For State Registrar Only
01218

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
or
City of Eastover, 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..... Iraather Green { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl	4. Twins, triplets or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? Yes	8. Date of birth Jan. 3 , 19 22 (Month, day, year)
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<p>9. Full name Harry Green</p> <p>10. Residence (mailing address) (If non-resident, give place and State) Eastover, S.C.</p> <p>11. Color or race Col. 12. Age at child's birth 32 (years)</p> <p>13. Birthplace (city or place) (State or country) Eastover, S. C.</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming</p> <p>15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....</p> <p>16. Date (month and year) last engaged in this work..... 19.....</p>	<p>18. Name before marriage MOTHER Lizzie Lovett</p> <p>19. Residence (mailing address) (If non-resident, give place and State) Eastover, S.C.</p> <p>20. Color or race Col. 21. Age at child's birth 26 (years)</p> <p>22. Birthplace (city or place) (State or country) Eastover, S. C.</p> <p>23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife</p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm Work</p> <p>25. Date (month and year) last engaged in this work..... 19.....</p> <p>26. Total time (years) spent in this work.....</p>
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27. Number of children of this mother (At time of birth and including this child) **4** (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 at alive m. on the date above stated.

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

Given name added from Doc. 22742
a supplementary report..... (Date of)

(Signed) Iraather Green, Parent
or....., Guardian
Address.....

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

Registrar.

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