

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of Clintonor
Inc. Town of.....or
City of.....
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

 Registration District No. 7.08 Registered No. 24
 (For use of Local Registrar)

 No. for Local Registrar Only
3057
(2) Full Name of Child Edward Green
 If child is not yet named, make
 supplemental report as directed

 (a) BOY OR GIRL Male (b) Type of Birth Normal (c) Number in order of birth 1 (d) Are twins? No (e) DATE OF BIRTH Feb 26, 1923
 (Name of Month) (Day) (Year)

FATHER
 (a) FULL NAME Buddy Green
 (b) PRESENT RESIDENCE OF FATHER Lowville
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 30 (Year)
 (e) BIRTHPLACE Berkley Co
 (f) OCCUPATION Farming
 (g) Number of children born to mother, including present birth 2
MOTHER
 (a) NAME BEFORE MARRIAGE Rina Reed
 (b) PRESENT RESIDENCE OF MOTHER Lowville
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 26 (Year)
 (e) BIRTHPLACE Berkley Co
 (f) OCCUPATION Housewife
 (g) Number of children of this mother now living, including present birth 2
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (28) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(29) (Signature) Rina Reed(30) State whether Physician or Midwife Midwife(31) Address of Physician or Midwife Lowville
 Given name added from a supplement-
 al report

 (32) Witness Rilla Green
 (Signature of Witness necessary only
 when question 28 is signed by mark)

 (37) Signed M. H. H. 1923 (38) D. V. H. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.

MARRIAGE LICENSES AND BIRTH RECORDS.

WITH PLAINLY.

N. B.

Made in Columbia, S. C.