

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of

or

City of Union, S.C. (No. 123 St.; Union Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Wm. Ruth GreenFile No.—For State Registrar Only
50667(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall J. Green(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Palmer(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Union S.C. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)(23) (Signature) C. D. Jackson(24) State whether Physician or Midwife, (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 26 1916(28) J. S. Linn 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.

MAYOR'S RECORD. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.
City of Columbia