

Form No. 1

## (1) PLACE OF BIRTH

County of Calleton  
 Township of Verden  
 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

41878

Registration District No. 14.0.9 Registered No. 87  
 (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 Blaman Green Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL by (4) Twin or Triplet? (5) Number in order of birth (6) Any Parents Married? No (7) DATE OF BIRTH Dec. 30, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Blaman Green(9) PRESENT POSTOFFICE OF FATHER Halliburton(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20  
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Clair Green(15) PRESENT POSTOFFICE OF MOTHER Halliburton S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18  
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Johnson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Halliburton

Given name added from a supplemental report

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

(27) Filed Jan 9, 1924 (28) Mrs. M. M. Palyett 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.

WHILE PLAINLY, WITH UNFADING INK—THERE IS A PERMANENT RECORD  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 MEDICAL COLUMBIA, COLUMBIA, S. C.