

(1) PLACE OF BIRTH

County of WashingtonTownship ofOF
Inc. Town ofOR
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1.5.0.1 Registered No. 1.03
(For use of Local Registrar)

File No. - For State Registrar Only

41962

(2) Full Name of Child Lane Green (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Green(9) PRESENT POSTOFFICE OF FATHER Washington R(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosam Wilder(15) PRESENT POSTOFFICE OF MOTHER Washington R(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Ac-home(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lane Jackson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Washington R

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 1 1923 (28) E. D. Early
Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be registered as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.