

(1) PLACE OF BIRTH

County of RichlandTownship of Lowor
Inc. Town ofor
City of Eastover

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

(2) Full Name of Child Grine Gridine

File No.—For State Registrar Only

42555

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803Registered No. 820
(For use of Local Registrar)

(3) BOY OR GIRL <u>girl</u>	(4) Type of Birth <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>10-8-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John. Green

(9) PRESENT POSTOFFICE OF FATHER Waterloo

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Year)

(12) BIRTHPLACE Wedgefield SC

(13) OCCUPATION public Works

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Sophenia Gridine

(16) PRESENT POSTOFFICE OF MOTHER Waterloo SC

(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 32 (Year)

(19) BIRTHPLACE Waterloo SC

(20) OCCUPATION house work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Millie Jackson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10/10 23 (28) Antiquism 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.