Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of ....#5....

or

Inc. Town of.....

or

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

File No.—For State Registrar Only
40416

Registration District No. 2104 Registered No. 50
(For use of Local Registrar)

(No. .....St.; .....Ward)

(2) Full Name of Child Baby

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 14 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Green

(9) PRESENT POSTOFFICE OF FATHER Plantersville SC

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Georgetown Co #5

(13) OCCUPATION Public Work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Becker Green

(15) PRESENT POSTOFFICE OF MOTHER Plantersville SC

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Georgetown Co #5

(19) OCCUPATION Housewife

(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 Carolina at 6 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Janus

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Plantersville SC

Given name added from a supplemental report

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..... 19 ....
Registrar

(26) Witness H. M. Riley
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 24 1923 (28) G. L. [illegible]

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
E. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
Bureau of Columbia, Columbia, S. C.