

(1) PLACE OF BIRTH

County of RichlandTownship of Richland

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 703

File No. — For State Registrar Only

17682

Registered No. 449
(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 Edith Green (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? no (7) DATE OF BIRTH June 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Green

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Washington(13) OCCUPATION laborer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Green(15) PRESENT POSTOFFICE OF MOTHER Moncks Corner(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION laborer(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as stillborn at H. A. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Harold M. Hatcher(24) State whether Physician or Midwife (25) Address of Physician or Midwife Moncks CornerGiven name added from a supplemental report Edith(26) Witness Signature of Witness necessary only when question 23 is signed by mark(27) Filed June 28 1922 (28) A. M. Hatcher 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.