

## (1) PLACE OF BIRTH

County of H. GreeneTownship of Timmonsville

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40374

Registration District No. 2015 Registered No. 88

(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 Virginia Green

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

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parent Married <u>Married</u>	(7) DATE OF BIRTH <u>Dec 2 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Green</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Adams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Timmonsville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Timmonsville</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>Delaware</u>	(18) BIRTHPLACE <u>Gastonia N.C.</u>	(13) OCCUPATION <u>Job work</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 23.0.8 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Edith Smith</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Phys. or Midwife <u>Timmonsville</u>
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(Given name added from a supplemental report)	(26) Witness <u>Edith Smith</u> (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>Dec 8 1923</u> (28) <u>Edith Smith</u>

19... Registrar

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