

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

30060

Registration District No. 40 a

Registered No. 408
(For use of Local Registrar)(2) Full Name of Child Emma Mary 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH 9 2 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Green(9) PRESENT POSTOFFICE OF FATHER Spokane, W. I.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Hot Springs, S.C.(13) OCCUPATION Working(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lillard(15) PRESENT POSTOFFICE OF MOTHER Hot Springs, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Hot Springs, S.C.(19) OCCUPATION Working and raising(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ann Green(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hot Springs, S.C.

Given name added from a supplemental report

(26) Witness 1
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-1-23 (28) Jas. Coker 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.