

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION IN A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Laurens  
Township of Gills Creek  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

15523

Registration District No. 2804 Registered No. 86  
(For use of Local Registrar)

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

(2) Full Name of Child Jose George Hansen Green If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 4, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jose Geo. Hansen Green

(9) PRESENT POSTOFFICE OF FATHER Deceased

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE Leesfield Co. S.C.

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3 live

MOTHER.

(14) NAME BEFORE MARRIAGE Lothe Phillips

(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE Kershaw Co. S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Neale S. Shumalt

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-10-22 (28) J. J. Shumalt 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.

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