

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Clinton

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

42972

Registration District No. 2202 Registered No. 102

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>  </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>  </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 9 '15</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Thomas Eugene Green</u>	(14) NAME BEFORE MARRIAGE <u>Lillie May McAllister</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Green S.C. R. #5</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Green S.C. R. #5</u>			
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years)			
(12) BIRTHPLACE <u>Greenville Co</u>	(18) BIRTHPLACE <u>Greenville Co</u>			
(13) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 11/30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. McAllister

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. H.

Given name added from a supplemental report  
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Registrar

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

(27) Filed Jan 8 1916 (28) W. E. Hildreth 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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