

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 GreenvilleTownship of Butler

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

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? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH July 9 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Eugene Green(9) PRESENT POSTOFFICE OF FATHER Green S.C. R. #5-(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie May McAllister(15) PRESENT POSTOFFICE OF MOTHER Green S.C. R. #5-(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

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) R. L. McAllister

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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)

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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