

Form No. 1

## (1) PLACE OF BIRTH

County of BoyleTownship of Boyle

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

13003

Registration District No. 647 Registered No. 72

(For use of Local Registrar)

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

3. BOY OR GIRL

Boys

4. Twin or Triplet?

To be answered only in event of Twin or Triplet.

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF

BIRTH

May 24 32

(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Fred Green

9. PRESENT POSTOFFICE OF FATHER

Frogmore

10. COLOR OR RACE

B

11. AGE AT LAST BIRTHDAY

33

(Year)

12. BIRTHPLACE

SC

13. OCCUPATION

Farmer & Laborer

20. Number of children born to mother, including present birth

5

## MOTHER.

14. NAME BEFORE MARRIAGE

Old Jenkins

15. PRESENT POSTOFFICE OF MOTHER

Frogmore

16. COLOR OR RACE

B

17. AGE AT LAST BIRTHDAY

32

(Year)

18. BIRTHPLACE

SC

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ellen J. Johnson

(24) State whether Physician or Midwife

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/25 1923 J. B. Johnson Local Registrar.

..... 19 .....

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.