

County of Beaufort
Township of Beaufort
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
13793

Registration District No. 6.0317 Registered No. 533
(For use of Local Registrar)

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

3. BOY OR GIRL? *55*

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH May 1 1999
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME James Green

9) PRESENT
POSTOFFICE
OF FATHER DEER, C. O.

10/ COLOR
OR
BASE

131 BIRTHPLACE

13. OCCUPATION Beaufort Co. S. C.

13. OCCUPATION

Ernest

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

MOTHER.

(14) NAME BEFORE MARRIAGE Betty Green born Green

(15) PRESENT POSTOFFICE OF MOTHER *Wale S.C.*

(16) COLOR OR RACE *Negro*

(18) BIRTHPLACE

Beaufort Co., N.C.

(19) OCCUPATION

Farmers wife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Salma S. E.
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Wale, S. E.

Given name added from a supplemental report

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

(27) Filed May 6, 1922. (28) Meir, Jester
Local Registrar.

19 (27) Filed 10/1/14 Page 10 of 10

*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.