

## (1) PLACE OF BIRTH

County of Sp. artane hwy  
 Township of Sp. artane hwy  
 or  
 Inc. Town of Whitney  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19257

Registration District No. 4008 Registered No. 181  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 24, 23  
 (Date of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Grady Greene  
 (9) PRESENT POSTOFFICE OF FATHER Whitney SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
 (Year) (12) BIRTHPLACE NC

## MOTHER.

(14) NAME BEFORE MARRIAGE Vergerie McFarlane  
 (15) PRESENT POSTOFFICE OF MOTHER Whitney SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
 (Year) (18) BIRTHPLACE NC

## (19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 a. m.  
 on the date above stated. (Born alive or stillborn Hour . M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed July 8, 23 (28) Mrs. F. J. Turner  
 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.