

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**9201**

County of Aiken  
Township of Williamston  
or  
City of Williamston

Registration District No. 3 C Registered No. 36  
(For use of Local Registrar)

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

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

(2) SEX OR ONLY Boy (4) Time of Birth 1:15 (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Set 11 1913  
(Name of Month) (Day) (Year)

FATHER (14) NAME BEFORE MARRIAGE Daisy Mc Green  
(15) PRESENT POSTOFFICE OF MOTHER Williamston SC

(9) PRESENT POSTOFFICE OF FATHER Regis (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE Regis (17) AGE AT LAST BIRTHDAY 31  
(Year) (Year)

(10) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Laborer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. T. Martin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Regis SC

Given name added from a supplemental report

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

(27) Filed 5-11-1913 (28) William Russell 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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