

CERTIFICATE OF BIRTH

County of Franklin

Township of X. 9.....

Inc. Town of.....

City of

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

Registration District No. 1905

File No.—For State Registrar Use

40139

Registered No.
(For use of Local Registrar)

City of (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 David Green

If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL?

4) Twin
or Triplet

(3) Number in order of birth

(b) Are Parents _____

(7) DATE OF

BIRTH Aug 20 23
(Name of Month) (Day) (Year)

FATHER

(b) FULL
PAGE

(7) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR ON PAGE

(11) AGE AT LAST BIRTHDAY

(12) ~~UNWITNESSED~~

(15) OCCUPATION

(23) Number of children born to mother, 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 9 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(28) (Signature)

(24) State whether Physician or Nurse

(B) Address of Employer or Agent:

Given name added from a supplemental report

(20) Witness

(Signature of Witness necessary only
when question 32 is signed by mark)

(BT) FM 1

24.3 (a) $\frac{1}{2}mv^2 = \frac{1}{2}m_0c^2 \left(\frac{v^2}{c^2} \right)$

*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 stillborns before the fifth month of pregnancy.