

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

(1) PLACE OF BIRTH

County of Berkeley
Township of 2nd
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only
34880

Registration District No. 7.03 Registered No.
(For use of Local Registrar)

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

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 9 1923
(Kind of Month) (Day) (Year)

FATHER.
(8) FULL NAME Paul Livingston
(9) PRESENT POSTOFFICE OF FATHER ...
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE A-B
(13) OCCUPATION Teacher
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Janie Green
(15) PRESENT POSTOFFICE OF MOTHER ...
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE A-B
(19) OCCUPATION Teacher
(20) 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 ... born alive ... at ... 11 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Janie Green (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife ...

Given name added from a supplemental report
.....
.....
.....

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 18 1923 (28) E. M. M. M. M. M.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.