

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of S. M. M.  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. 2883

Registration District Leon Registered No. 13  
 (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 Maybelle Green (If child is not yet named, make supplemental report as directed)

(3) Sex Female (4) Male (5) Number in order of birth 2 (6) Age 4y 2 (7) DATE OF BIRTH Feb 15 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eugene Green  
 (9) PRESENT POSTOFFICE OF FATHER Sheedon  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Year)  
 (12) BIRTHPLACE Beaufort  
 (13) OCCUPATION Public work  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Delphine Meyers  
 (16) PRESENT POSTOFFICE OF MOTHER Sheedon  
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 28 (Year)  
 (19) BIRTHPLACE Sheedon  
 (20) OCCUPATION House work  
 (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 alive at 49 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nate Paha

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed ..... (28) ..... (29) .....  
 Registrar

\*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 children before the fifth month of pregnancy.