

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

## (1) PLACE OF BIRTH

County of BambergTownship of Suffield Bridge

or

Inc. Town of St. Ignace

or

City of Char. S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28892

Registration District No. 4-0-1Registered No. 161  
(For use of Local Registrar)(2) Full Name of Child Ella Green

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

|                              |   |                              |                                     |  |
|------------------------------|---|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 29, 22</u><br>(Name of Month) (Day) (Year) |
|------------------------------|---|------------------------------|-------------------------------------|--|

## FATHER.

(8) FULL NAME Willie Green(9) PRESENT POSTOFFICE OF FATHER Char. S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 48  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Rush(15) PRESENT POSTOFFICE OF MOTHER Char. S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 34  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION farm laborer(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Rivers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Char. S.C. Char. S.C.

Given name added from a supplemental report

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

(27) Filed Sept 29, 22 (28) J. E. Bennett  
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.

month or pregnancy. desired or stillbirths