

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Greenwood

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23a Registered No. 336  
(For use of Local Registrar)

(No. Plyths Alley St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD

George Ligon  
(If child is not yet named, make supplemental report as directed.)

3. Boy ☒ Girl ☐ If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth May 27 19 20  
(Month, day, year)

9. Full name Herbert Ligon FATHER 18. Name before marriage Mary Jane Ligon MOTHER

10. Residence (mailing address) Greenwood SC 19. Residence (mailing address) Greenwood SC  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race Col 12. Age at last birthday 37 (years) 20. Color or race Col 21. Age at last birthday 33 (years)

13. Birthplace (city or place) \_\_\_\_\_ (State or country) 22. Birthplace (city or place) Greenwood SC  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Uncle Tom's 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. employee 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
19 \_\_\_\_\_ spent in this work \_\_\_\_\_ 19 \_\_\_\_\_ spent in this work \_\_\_\_\_

27. Number of children of this mother \_\_\_\_\_ (At time of birth and including this child) 4 (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at A.M. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date \_\_\_\_\_ (Name of Prophylactic)

Cleft Palate No Hare Lip No Other Deformities None (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from \_\_\_\_\_ a supplementary report \_\_\_\_\_ (Date of)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address Greenwood SC

Filed Sept 28, 1941 Mrs A. M. Ligon State Registrar

State Registrar