

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cr. 1st Anchor
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16737

Registration District No. 4023Registered No. 46
(For use of Local Registrar)

(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

Mary Mae Green

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 13, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ford Green

(9) PRESENT POSTOFFICE OF FATHER

Enoree P. F. D.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Louise Williams

(15) PRESENT POSTOFFICE OF MOTHER

Enoree S. C. R. F. D.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Newberry Co.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

8

(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 alive at 9 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. D. Hanna

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Enoree

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 13, 1922

(28)

C. D. Hanna
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.

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