

PARTS MAY BE FOUND IN THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH *Camp branch*
 County of *Rowan Co.*
 Township of *Camp branch*
 or
 Inc. Town of
 or
 City of *Camp branch* (No. St.: Ward)
 (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
 7895

Registration District No. *240* Registered No. *49*
 (For use of Local Registrar)

(2) Full Name of Child *gesteen green* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>Amplet</i>	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>3/1</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>Abner Green</i>			(14) NAME BEFORE MARRIAGE <i>maie may daniel</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Camp branch</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Camp branch</i>	
(10) COLOR OF RACE <i>Gold</i>			(17) AGE AT LAST BIRTHDAY <i>31</i>	
(11) AGE AT LAST BIRTHDAY <i>31</i>			(18) COLOR OF RACE <i>Gold</i>	
(12) BIRTHPLACE <i>SC</i>			(19) BIRTHPLACE <i>Camp branch</i>	
(13) OCCUPATION <i>and brick work</i>			(20) OCCUPATION	
(20) Number of children born to mother, including present birth <i>16</i>			(21) Number of children of this mother now living, including present birth <i>16</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was *March 20*...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Wynne Linn*
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
midwife Elsie Beth Brantley

Given name added from a supplemental report

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

(27) Filed *March 25* 19... (28) *W. H. Rogers*
 Registrar 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.