

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Co. Catalago
 of
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4270

Registration District No. 2601 Registered No. N-
 (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 Walter Green If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married No (7) DATE OF BIRTH Feb 21, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Green
 (9) PRESENT POSTOFFICE OF FATHER South Carolina
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ? (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION ?

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Carline
 (15) PRESENT POSTOFFICE OF MOTHER Coastalwhatchie SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Coastalwhatchie SC
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 2

(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 at 4 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coastalwhatchie SC

Given name added from a supplemental report

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

(27) Filed 2/27 19 23 Local Registrar R. W. Roberts Jr

*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.