

(1) PLACE OF BIRTH

County of Richland Co.
 Township of

or
 Inc. Town of

City of Columbia S.C. (No. St.; Four 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
31889

Registration District No. 384 Registered No. 1674
 (For use of Local Registrar)

(2) Full Name of Child Mary Green { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Atis Green
 (9) PRESENT POSTOFFICE OF FATHER 1113 Devine St
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Macon Ga
 (13) OCCUPATION ind domst
 (20) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Lucie Ferguson
 (15) PRESENT POSTOFFICE OF MOTHER 1113 Devine St
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Columbia SC
 (19) OCCUPATION Wash Woman
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at home at Richland Co. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Maggie Barnes
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife 1414 Whaley St

Given name added from a supplemental report

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

(27) Filed 9/10/22 1922. (28) 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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FORM NO. 7. MARGIN RESERVED FOR BINDING.
 WHEN EXAMINING THIS FORM IN A HOSPITAL RECORD, FIRST-BORN, NO. 1, THIS OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw of Columbia