

(1) PLACE OF BIRTH

County of ColletonTownship of Wassaw

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1410

No. for State Registrar Only

17314Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child

Johnson, Lillian

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

3. BOY OR GIRL

Girl

4. Type or Token

To be answered only in case of Token or Token

5. Number in order of birth

4th

6. Age

7. DATE OF BIRTH

Feb. 25, 1923

(Month of Month) (Day) (Year)

FATHER

8. FULL NAME

Boris Green

9. PRESENT POSTOFFICE OF FATHER

Colleton S.C.

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

3 2

12. BIRTHPLACE

S.C.

13. OCCUPATION

Cum Labor Saw mill

2. Number of children born to mother, including present birth

4

MOTHER

14. NAME BEFORE MARRIAGE

Demogene Greenham

15. PRESENT POSTOFFICE OF MOTHER

Colleton S.C.

16. COLOR OR RACE

Colored

17. AGE AT LAST BIRTHDAY

23

18. BIRTHPLACE

S.C.

19. OCCUPATION

Home work

21. Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Boris Green at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

N. M. Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Colleton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

Feb. 6, 1923(28) N. M. Carter 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.

Registrar

LOCAL REGISTRAR

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