

## (1) PLACE OF BIRTH

County of Or

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie Green

File No.—For State Registrar Only

31639

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.604Registered No. 80

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age 1 yr (7) DATE OF BIRTH Sept 12 22  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Douglas Green(2) PRESENT POSTOFFICE OF FATHER Edinburgh St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 75 (Years)(12) BIRTHPLACE Or(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Sumner(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Or(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .... at 7 P. M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mellie Dean(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 22 22 (28) Local Registrar AM 1990

\*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.