

1. PLACE OF BIRTH

County of Orangeburg
 Township of Willow
 or
 Town of Norway, S.C.
 City of _____

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

FILE No.—For State Registrar Only

37055-a

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

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

2. FULL NAME OF CHILD Herman Green

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

3. SEX OF CHILD Boy
 4. Twin or Triplet _____
 5. Number in order of birth _____
 To be answered only in event of Twins or Triplets

6. Are Parents Married? Yes

7. DATE OF BIRTH
October 4th 1915
 (Name of Month (Day) (Year))

FATHER

8. FULL NAME Laron Green

9. PRESENT POSTOFFICE OF FATHER Norway, S.C.

10. CHILD OR RACE Colored
 11. AGE AT LAST BIRTHDAY 26 1/2 (Years)

12. BIRTHPLACE Summerton, S.C.

13. OCCUPATION Farmer

14. Number of children born to and living present birth { 2

MOTHER

14. NAME BEFORE MARRIAGE L. Sarah Rice

15. PRESENT POSTOFFICE OF MOTHER Norway S.C.

16. COLOR OR RACE Colored
 17. AGE AT LAST BIRTHDAY 23 1/2 (Years)

18. BIRTHPLACE Norway, S.C.

19. OCCUPATION House Keeper

21. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at U.S.M.,
 as stated above. (Born alive or stillborn) (Hour A.M. or P. M.)

23. Signature Florence Singleton Midwife
 24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife Bayou St.

Consent from a supplemental report _____

192 _____

Registrar _____

27. Filed _____ 19 _____ 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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