

Form No. 1

(1) PLACE OF BIRTH

County of Allen
 Township of Hardeeville
 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

3629

Registration District No. 1602Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child

Emma Margaret M. Green
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

1) BOY OR GIRL Girl 2) Twin or Triplet 3) Number in order of birth 4) Are Parents Married Yes 5) DATE OF BIRTH Feb 4, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 6) FULL NAME J. M. Green
 7) PRESENT POSTOFFICE OF FATHER Little Rock, Ark.

8) COLOR OR RACE White 9) AGE AT LAST BIRTHDAY 52
 10) BIRTHPLACE Ark.

11) OCCUPATION Farmer

12) Number of children born to mother, including present birth nine

MOTHER.
 13) NAME BEFORE MARRIAGE Elizabeth Moore
 14) PRESENT POSTOFFICE OF MOTHER Little Rock, Ark.

15) COLOR OR RACE White 16) AGE AT LAST BIRTHDAY 38
 17) BIRTHPLACE Ark.

18) OCCUPATION Housewife

19) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (M. or P. M.)

21) (Signature) V. J. Hardy 22) State whether Physician or Midwife Physician 23) Address of Physician or Midwife Little Rock, Ark.

Given name added from a supplemental report

24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 25) Filed Feb 4, 1923 26) Local Registrar V. J. Hardy

*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.