CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar
49587

(1) PLACE OF BIRTH

County of Greenville SC

Township of Greenville.
or
Inc. Town of Judson
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7 2 8 Registered No. 104
(For use of Local Registrar)

(No. 2, 8 ST St.; ..... Ward)

(2) Full Name of Child Ben S. Green

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? no
To be answered only in event of Twins or Triplets

(5) Number in order of birth —

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 8 1914
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Ben Green	(14) NAME BEFORE MARRIAGE Lena Wood
(9) PRESENT POSTOFFICE OF FATHER Greenville SC	(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Pickens SC	(18) BIRTHPLACE Jackson NC
(13) OCCUPATION Life Ins	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Geo. T. Washington
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report
....., 191....
Registrar

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

(27) Filed ..... 191... (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.

Registrar

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WRITE PLAINLY, WITH INK AND PRESS FIRM. BEARING PRESSURE FOR FIVE COPIES.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, Columbia