

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Rocky Gap

or

Inc. Town of.....

or

City of.....

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Evelyn Lillian Green

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? ✓(5) Number in order of birth 10  
To be answered only in event of Twin or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH July 22, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Shelly Green(9) PRESENT POSTOFFICE OF FATHER Salem, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Haley(15) PRESENT POSTOFFICE OF MOTHER Salem, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Albemarle at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rula C. Clemmons(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salem, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 31.5 19 22 (28) Chas. H. Sallee  
Registrar 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2884

Registration District No. 7079 Registered No. 100  
(For use of Local Registrar)

MAGGIE HALEY, MD FOR MOTHER.

THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, FOR EACH CHILD, AND MARK THE NAME OF THE CHILD IN THE LIST OF BIRTHS, AND IN THE LIST OF DEATHS, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.