

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28744

County of *York*Township of *Brandy*

or

Inc. Town of

or

City of

Registration District No. *301*Registered No. *48*

(For use of Local Registrar)

(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

Wilbur Ridge Green

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *✓*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *Sept 17 22*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Adrian J. Green

(9) PRESENT POSTOFFICE OF FATHER

Beltan SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

Beltan SC

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Watkins

(15) PRESENT POSTOFFICE OF MOTHER

Beltan SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Beltan

(19) OCCUPATION

Teaching

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(Born alive or stillborn) (Hour of Day or P. M.)
11:00 A.M.

(23) (Signature)

(24) State whether Physician or 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)

W. H. Smith