

PLACE OF BIRTH

County of Edgefield

Township of 21-22

City of Edgefield

City of Edgefield

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17498

Registration District No. 18A Registered No. 20

(For use of Local Registrar)

Full Name of Child Harmon Rebecca Green

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

BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 23 23 (Name of Month) (Day) (Year)

FATHER  
FULL NAME Sam A Green  
PRESENT POSTOFFICE OF FATHER Edgefield  
COLOR OR RACE Ben (8) AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Edgefield  
OCCUPATION Farmer at Green Swamp  
Number of children born to mother, including present birth 8

MOTHER  
(14) NAME BEFORE MARRIAGE Esther S. Smith  
(15) PRESENT POSTOFFICE OF MOTHER Edgefield  
(16) COLOR OR RACE Ben (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Edgefield  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour 6 P M. or P. M.) on the date above stated.

(23) (Signature) W. H. Green (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Edgefield

Given name added from a supplemental report

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

(27) Filed 1/14/23 (28) Oliver L. Smith 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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