

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence

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

(2) Full Name of Child Isaac Green

File No.—For State Registrar Only

4106

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 20-ARegistered No. 67  
(For use of Local Registrar)(No. 76 Barringer St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 25, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Thomas Green(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Lingwood, S.C.(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Green(15) PRESENT POSTOFFICE OF MOTHER 76 Barringer St. Florence, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housework(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 ..... at 12:30 A.M.  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Julia T. Holmes(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 617 Stackley St. Florence

Given name added from a supplemental report

(26) Witness L. C. Craft M.D.  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 28, 1922 (28) L. C. Craft M.D.  
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.

REGISTRATION DISTRICTS.—This form is a PRELIMINARY REPORT and must be filed with the LOCAL REGISTRAR within 10 days of the birth. It is not to be used for the purpose of obtaining a birth certificate. For full instructions, see the STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, No. 1, 1917, in question 1.