

K O D A

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Oconee</u>		STATE OF SOUTH CAROLINA		86799	
Township of <u>Sumner</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>3504</u>		Registered No. <u>136</u>	
or				(For use of Local Registrar)	
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 <u>Ed Thomas Green</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 26 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Will Green</u>			(14) NAME BEFORE MARRIAGE <u>Paul Higgins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun S.C.</u>		
(10) COLOR OR RACE <u>Col</u>		(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>29</u>
(12) BIRTHPLACE <u>Oconee Co</u>			(18) BIRTHPLACE <u>old pickens</u>		
(13) OCCUPATION <u>Railroad work</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4 a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Barbara Sims</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>Dec 3 1916</u> (28) <u>J. C. Hapkins</u> 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.					

McGAW OF COLUMBIA, COLUMBIA, S. C.