

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Shuttsboro  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 60319

File No.—For State Registrar Only  
**2966**

Registered No. 10  
 (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 Blondie Green If child is not yet named, make supplemental report as directed

|                                                                          |                                                                      |                                 |                                                                                     |                                                                          |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| (3) SEX OF CHILD<br><u>Boy</u>                                           | (4) TIME OF BIRTH<br>To be entered only in case of Twins or Triplets | (5) NUMBER IN ORDER OF BIRTH    | (6) ARE PARENTS MARRIED<br><u>No</u>                                                | (7) DATE OF BIRTH<br><u>Feb 15, 1923</u><br>(Name of Month) (Day) (Year) |
| <b>FATHER.</b>                                                           |                                                                      |                                 | <b>MOTHER.</b>                                                                      |                                                                          |
| (8) FULL NAME <u>Henry Green</u>                                         |                                                                      |                                 | (14) NAME BEFORE MARRIAGE <u>Clara Williams</u>                                     |                                                                          |
| (9) PRESENT POSTOFFICE OF FATHER <u>Yemassee</u>                         |                                                                      |                                 | (15) PRESENT POSTOFFICE OF MOTHER <u>Yemassee</u>                                   |                                                                          |
| (10) COLOR OR RACE <u>Negro</u>                                          | (11) AGE AT LAST BIRTHDAY <u>20</u><br>(Years)                       | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>19</u><br>(Years)                                      |                                                                          |
| (12) BIRTHPLACE <u>Beaufort Co</u>                                       |                                                                      |                                 | (18) BIRTHPLACE <u>Beaufort Co</u>                                                  |                                                                          |
| (13) OCCUPATION <u>Farmer</u>                                            |                                                                      |                                 | (19) OCCUPATION <u>Wagon Worker</u>                                                 |                                                                          |
| (20) Number of children born to mother, including present birth <u>1</u> |                                                                      |                                 | (21) Number of children of this mother now living, including present birth <u>1</u> |                                                                          |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May Lane

(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 23 is signed by mark)

(27) Filed ..... 19 ..... (28) .....

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.