

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State House of Representatives

REG. NO. 687

Child's Name
Charlotte
Gabrielle
C. Rainey

Registration District No. 1402 Registered No. 687
(For use of Local Registrar)

(No. X) Birth occurs in a hospital or other institution, give name of same instead of street and number.
Name of Child Harriet Green If child is not yet named, make name of child as stated

(1) Sex Female (2) Type or Figure Normal (3) Number in order of birth 1st (4) Date of Birth Jan 1, 1923 (5) Time of Birth 11:00 A.M.

FATHER: Gen. Green (14) NAME BEFORE MARRIAGE Theresa Wood
Gabriel (15) PRESENT NAME Gabriel
Deer (16) COLOR Black (17) AGE AT LAST BIRTHDAY 22
Home (18) OCCUPATION Farming
Farming (19) NUMBER OF CHILDREN OF THIS MARRIAGE 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(19) Signature Nancy Hallie (20) State whether Physician or Midwife Midwife (21) Address of Physician or Midwife Home

When there was no attending physician or midwife, then the father, householder, etc., should sign this certificate if a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.
(22) Witness Mary A. Smith (23) Filed Jan 1, 1923 (24) Registrar H. H. H. H.

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