

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(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

80907

Registration District No. 1208

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Samuel Green | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 30, 1916 <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ed Green	(14) NAME BEFORE MARRIAGE Annie Thompson
(9) PRESENT POSTOFFICE OF FATHER Society Hill S.C.	(15) PRESENT POSTOFFICE OF MOTHER Society Hill S.C.
(10) COLOR OR RACE Negro	(16) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 33 <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY 30 <small>(Years)</small>
(12) BIRTHPLACE Chesterfield Co	(18) BIRTHPLACE Darlington Co
(13) OCCUPATION Farm hand	(19) OCCUPATION Farm hand
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10-30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Society Hill, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 1916 (28) D. S. Matheson
(By S. M.) Local Registrar

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.

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.

McCaw, of Columbia.