

(1) PLACE OF BIRTH

County of

Township of

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

Registration District No.

File No.—For State Registrar Only

12042

Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child

William Green

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Mar 20 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Mark Green

(9) PRESENT POSTOFFICE OF FATHER

Cherokee CR2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Ellen Blackwell

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee CR2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Year)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

9

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive at 4 A.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

W. H. Head M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Campobello 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

10

(28) B. T. Bishop 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.

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