

MARGIN RESERVED FOR BINDER.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Sumter
Township of Celina
or
Inc. Town of
City of (No. St.; Ward)

(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
2636

Registration District No. 4110 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Catherine 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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 16, 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Powell Green

(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Layman

(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Sudd

(24) State whether, Physician or Midwife midwife

(25) Address of Physician or Midwife Pinewood 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 Feb. 10, 1922 (28) C. S. Sullivan 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.