

## 1. PLACE OF BIRTH

County of Orangeburg  
 Township of Orange  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Orangeburg

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 36-A

FILE

22 049274

Only

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; \_\_\_\_\_ Ward)

## 2. FULL NAME OF CHILD

Moses Green

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

3. BOY OR GIRL

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

(Name of Month (Day) (Year) August 7th 1932)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

Willie Green

9. PRESENT POSTOFFICE OF FATHER

Lead

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

Charleston

13. OCCUPATION

## MOTHER

14. NAME BEFORE MARRIAGE

Willie Green

15. PRESENT POSTOFFICE OF MOTHER

Orangeburg SC

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

18. BIRTHPLACE

Branchville

19. OCCUPATION

Housewife

20. Number of children born to mother, including present birth

{ Two

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Rebecca Dantley

(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed about 193328. C.W. Miller

Registrar

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.