

Form No. 8

(1) PLACE OF BIRTH

County of BoltonTownship of Tronides

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1403Registered No.
(For use of Local Registrar)

793

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

(2) Full Name of Child Enricha Blanche Green

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

(a) SEX <u>Girl</u>	(b) Type of Birth <u>1st</u>	(c) Number of Children of Mother <u>1</u>	(d) Date of Birth <u>Jan 10 1923</u>
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FATHER

(1) NAME, PERSONAL Ben Green(2) NAME, PERSONAL Wiggin(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 30(12) OCCUPATION Col Co(13) OCCUPATION Farming(14) Number of children born to mother, including present one 5

MOTHER

(10) NAME, PERSONAL Alma Blake(11) NAME, PERSONAL Wiggin(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 29(12) OCCUPATION Col Co(13) OCCUPATION Housewife(14) Number of children of the mother now living, including present one 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alma at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Isaac C. Jenkins(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Wiggin

Given name added from a supplementary report

(32) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(33) Date Jan 3 1923 (34) Signature B. G. Higgins

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is required if a child is born before the sixth month of pregnancy.