

## (1) PLACE OF BIRTH

County of Greene  
 Township of Irmonville  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

13981

Registration District No. 2015 Registered No. 246  
 (For use of Local Registrar)

City of .....

(2) Full Name of Child Oliver Greene

Sex Male Age 24 Date of Birth 7/23/23  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER: Douglas Greene MOTHER: Lillie Burkhead  
 BIRTHPLACE: Irmonville BIRTHPLACE: Irmonville  
 COLOR: White AGE AT LAST BIRTH: 25 COLOR: W AGE AT LAST BIRTH: 19  
 BIRTHPLACE: Irmonville BIRTHPLACE: Irmonville  
 OCCUPATION: Farmer OCCUPATION: Teacher  
 Number of children born to mother, including present birth: 7 Number of children of the mother now living, including present birth: 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(33) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (Date of birth or stillborn) (How A. M. or P. M.)

(34) (Signature) W. E. Hicks (35) Address of Physician or Midwife  
 State whether Physician or Midwife Irmonville

Given name added from a supplemental report .....  
 (36) Witness .....  
 (37) Filed 3-24-25 (38) R. H. Nelson

When there was no attending physician or midwife, then the father, householder, etc., should sign.  
 If a child breathes even once, it must not be reported as stillborn. No report is needed of a child born before the fifth month of pregnancy.