

(1) PLACE OF BIRTH

County of Marion
 Township of Dee Dee
 or
 Inc. Town of Postick
 or
 City of SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
42861

Registration District No. 2013 Registered No. 54
 (For use of Local Registrar)

2) Full Name of Child Kate Alice Green (No. 54; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 11 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Halls Green</u>			(14) NAME BEFORE MARRIAGE <u>Piggie Badick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Postick</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Postick</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Georgetown</u>			(18) BIRTHPLACE <u>Marion</u>	
(13) OCCUPATION <u>Shingle Maker</u>			(19) OCCUPATION <u>Farm Hand</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Miller
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion 132 SC

Given name added from a supplemental report
May 27 1916
W. H. Miller
Super Registrar

(26) Witness W. H. Miller
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 1 1915 (28) W. H. Miller 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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