

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a separate BLANK FORM FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of florida
 Township of Plant
 or
 Inc. Town of Plant
 or
 City of Plant

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28361

Registration District No. 2013 Registered No. 79
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child cary lee green (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH sep 11 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John green
 (9) PRESENT POSTOFFICE OF FATHER Plant
 (10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE orange burgh
 (13) OCCUPATION farming
 (14) Number of children born to mother, including present birth nine

MOTHER.

(14) NAME BEFORE MARRIAGE cary brown
 (15) PRESENT POSTOFFICE OF MOTHER Plant
 (16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE burshif will
 (19) OCCUPATION house keeping
 (20) Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Gail Plant
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed 9-21 1923 (28) A. D. Kelley 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.