

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48728

County of Collier

Township of Warren

Inc. or Town of Smobbs

OR

Registration District No. 140

Registered No. 216

Form No. 1
(For use of Local Registrar)

City of (No.) (For use of local registrar.)
(If birth occurs in a hospital or other institution, give name of same instead of St.; Ward)

(2) Full Name of Child Myrtice Eddling Green .. { If child is not yet named, make supplemental report as directed

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(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>me</i>	(5) Number in order of birth <i>me</i>	(6) Are Parents Married? <i>me</i>	(7) DATE OF BIRTH <i>Jan 13 1946</i> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplet.

FATHER.

(8) FULL NAME Herbert Green

(9) PRESENT POSTOFFICE OF FATHER *Moore DC*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE
Worcester County

(13) OCCUPATION *Carpenter*

(20) Number of children born to mother, including present birth { one

MOTHER

(14) NAME BEFORE MARRIAGE Mary Alice Smith

(15) PRESENT
POSTOFFICE
OF MOTHER *Shower S. P.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *Callerton county*
smoaks P.C.

(19) OCCUPATION
Housewife

(21) Number of children of this mother
now living, including present birth } *one*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated. (How alive or stillborn) (How near P. M.)

(23) (Signature) H. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed March 6 1916 (28) Louis C. Edger
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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It's in case of twines or nines the same. It writes plainly, with unfading ink—this is a permanent record.

3. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2. etc. in question 5.

W, of Columbia.