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9-6-45

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U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH  
County of Fairfield  
Township of \_\_\_\_\_  
or  
Inc. Town of Richtex, RFD, SC  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 1911

FILE No.—For State Registrar Only  
0078

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

Ward \_\_\_\_\_

2. FULL NAME OF CHILD Jessie Green

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

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature ..... Full term .....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Apr 18</u> , 19 <u>45</u> (Month, day, year)
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FATHER  
9. Full name Charlie Green

MOTHER  
18. Name before marriage Margaret Simmons

10. Residence (mailing address) (If non-resident, give place and State) Richtex, SC, RFD

19. Residence (mailing address) (If non-resident, give place and State) Richtex, SC, RFD

11. Color or race C? 12. Age at last birthday 25 (years)

20. Color or race C? 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or country) S.C.

22. Birthplace (city or place) (State or country) S.C.

OCCUPATION  
14. Trade, profession or particular kind or work done, as spinner, lawyer, bookkeeper, etc.....  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. laborer  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work.....

OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House work  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6 P.M. on the date above stated.  
(Signed Jessie Green Parent Guardian)

Given name added from a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.

Address \_\_\_\_\_  
Filed 9-15, 1945 Thos. P. Lesesne  
Registrar. aih

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See Instructions on Back of Certificate.)