

n.p. 9-6-45

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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.)

U. S. Dept. of Commerce Bureau of the Census		Standard Certificate of Birth		FILE No.—For State Registrar Only 0078	
1. PLACE OF BIRTH County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>1911</u>		Registered No. _____ (For use of Local Registrar)	
Township of _____ or Inc. Town of <u>Richter, RFD, SC</u>		(No. _____ St.; _____ Ward)			
City of _____ (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	
2. FULL NAME OF CHILD <u>Jessie Green</u>					
3. Boy or Girl <u>Boy</u>	4. If Plural births	4. Twins, triplets or other.....	5. Premature	6. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Apr 18</u> , 19 <u>16</u> (Month, day, year)
9. Full name <u>Charlie Green</u>		10. Residence (mailing address) (If non-resident, give place and State) <u>Richter, SC RFD</u>		18. Name before marriage <u>Melinda Simmons</u>	
11. Color or race <u>C?</u>		12. Age at last birthday <u>25</u> (years)		19. Residence (mailing address) (If non-resident, give place and State) <u>Richter, SC RFD</u>	
13. Birthplace (city or place) (State or country) <u>S.C.</u>		14. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc.....		20. Color or race <u>C?</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>laborer</u>		16. Date (month and year) last engaged in this work		21. Age at last birthday <u>20</u> (years)	
17. Total time (years) spent in this work.....		18. Name before marriage		22. Birthplace (city or place) (State or country) <u>S.C.</u>	
19. _____		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. <u>House work</u>	
20. Cause of stillbirth.....		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work.....	
21. If stillborn, period of gestation.....		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. Before labor..... During labor.....	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was born at <u>6 P.M.</u> on the date above stated.					
(Signed <u>Melinda Green</u> Parent or _____ Guardian)					
Address _____					
Filed <u>9-15</u> , 19 <u>45</u> <u>Thos. P. Lesesne</u> Registrar. <u>aih</u>					
Given name added from a supplementary report _____ (Date of) _____ Registrar. _____					