

## PLACE OF BIRTH

*Heimville*  
*Heimville*  
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*Heimville*

## CERTIFICATE OF BIRTH

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

No. 14.—For State Registrar Only  
**14203**

Registration District No. *2190* Registered No. *148*  
 (For use of Local Registrar)

(No. *16, 8th St.* St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Joan Mae Green*

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

DAY OF *June* (4) Time *X* or Triplet (5) Number in order of birth *X* (6) Age *1* or Sex *Female* (7) DATE OF BIRTH *May 25 1923*  
 (Name of Month) (Day) (Year)

## FATHER

FULL NAME *W. J. Green*  
 PRESENT POSTOFFICE OF FATHER *Royal A. Green S.C.*

COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *42*  
 (Year)

BIRTHPLACE *New York*

OCCUPATION *Extruder*

Number of children born to mother, including present birth

*Three (3)*

## MOTHER

(14) NAME BEFORE MARRIAGE *Ellen Jones*

(15) PRESENT POSTOFFICE OF MOTHER *Heimville S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *25*  
 (Year)

(18) BIRTHPLACE *Lebanon Tennessee*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth

*Three (3)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *white* (Color) (Sex *Female*) (Age *25-35-4* M., on the date above stated. (Hour *P. M.* or P. M.)

(22) (Signature) *F. L. Leavelle M.D.* (23) Address of Physician or Midwife *Heimville S.C.*

On name added from a supplemental report

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

(27) Date *May 1 1923* (28) *Thos. McCall* 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.