

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3587

Registration District No. 1503

Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child *Carrie Green*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are you Parent Married? *yes*(7) DATE OF BIRTH *July 22* 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Green*(9) PRESENT POSTOFFICE OF FATHER *Darlington*(10) COLOR OR RACE *Coc*(11) AGE AT LAST BIRTHDAY *27*
(Years)(12) BIRTHPLACE *Darlington*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *5*

MOTHER

(14) NAME BEFORE MARRIAGE *Willie Williams*(15) PRESENT POSTOFFICE OF MOTHER *Darlington*(16) COLOR OR RACE *Coc*(17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *Darlington*(19) OCCUPATION *Housewife and Farm Help*(20) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* at *10* *1* *M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Anna Williams*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Med. Soc.*

(26) Name added from a supplemental report

(26) Witness

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

(27) Filed *July 28* 1913(28) *L. S. Porter*
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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