

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WRITE NAMES IN FULL. IN CASE OF RECORD.
 N. B.—In case of TWIN or TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Shelton

Township of

or Inc. Town of

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

3451

Registration District No. 9A Registered No. 301

(For use of Local Registrar)

(2) Full Name of Child

John E. Green

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 3 1902

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John E. Green

(9) PRESENT POSTOFFICE OF FATHER

Shelton, S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Shelton, S. C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Johnson

(15) PRESENT POSTOFFICE OF MOTHER

44 E. 1st St. S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Shelton, S. C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Marion L. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Shelton, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

2/8

19

0

19

0

19

0

*When there was no attending physician or midwife, then the father, household, 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.

It is a crime to make a false report of a birth or stillbirth. No report is desired of stillbirths before the fifth month of pregnancy.