

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Fulton  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

24153

Registration District No. 411... Registered No. 42...  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sissie Ann Green If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1922  
 (Name of Month (Day) (Year)

## FATHER.

8 FULL NAME Philip Green9 PRESENT POSTOFFICE OF FATHER Pine S.C.10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farming20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Daisy Boston15 PRESENT POSTOFFICE OF MOTHER Pine S.C.16 COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)18 BIRTHPLACE S.C.19 OCCUPATION House wife21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 1 P.M....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Calherine M. Conner  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....  
 Registrar

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

(27) Filed July 10 1922 (28) C. S. C. C. 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.

RECEIVED OF COLUMBIA. COLUMBIA. M. C.  
 FIRST BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8