

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50432

County of *Spartanburg*Township of *Beech*

Inc. Town of

Registration District No. *0004*Registered No. *B.B.*

(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 *James Albert Green*

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

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 28**1916*

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *William M Green*(14) NAME BEFORE MARRIAGE *Flora E Johnson*(9) PRESENT POSTOFFICE OF FATHER *Greer*(15) PRESENT POSTOFFICE OF MOTHER *Greer*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *27*

(Years)

(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *23*

(Years)

(12) BIRTHPLACE *Greenville Co*(18) BIRTHPLACE *Spartanburg Co*(13) OCCUPATION *Farming*(19) OCCUPATION *House work*(20) Number of children born to mother, including present birth *1*(21) 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 *born* at *11 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Moore*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 28 1916*(28) *J. B. Moore* Local Registrar

Registrar I

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.

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