

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**65149**

(1) PLACE OF BIRTH

County of Lain  
Township of Lynchburg  
Inc. Town of \_\_\_\_\_ Registration District No. 5002 Registered No. 70  
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 Jessie Leroy 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 \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Wayward Green  
(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Darlington S.C.  
(13) OCCUPATION Public works  
(20) Number of children born to mother, including present birth { 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mamie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Darlington S.C.  
(19) OCCUPATION Housework  
(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 born alive at Lain \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Bratley  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Midwife | Lynchburg S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/13 1916. (28) J. F. W. H. ... 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.

McCaw, of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.