

1.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Sullivan
or
Loc. 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
19511

Registration District No. 4812 Registered No. 15
(For use of Local Registrar)

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

(2) Full Name of Child Margie 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 7 1951
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Green
(9) PRESENT POSTOFFICE OF FATHER Sullivan
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 64 (Years)
(12) BIRTHPLACE Williamsburg Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Colia Tinsley
(15) PRESENT POSTOFFICE OF MOTHER Sullivan
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Williamsburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie Campbell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 8 P.M.

Given name added from a supplemental report

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

(27) Filed June 12, 1951 (28) R. P. H. H. 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.