CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
968

(1) PLACE OF BIRTH

County of Darlington

Township of ....

or
Inc. Town of .... Registration District No. 1.2.9.1. Registered No. 2
(For use of Local Registrar)
or
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 Greene. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	Twin	1	Yes	June 2 1922

FATHER

(8) FULL NAME: Robt. T. Greene

(9) PRESENT POSTOFFICE OF FATHER: Darlington R-

(10) COLOR OR RACE: Col.

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farming

(14) Number of children born to mother, including present birth: 7

MOTHER

(14) NAME BEFORE MARRIAGE: Lelia Morgan

(15) PRESENT POSTOFFICE OF MOTHER: Darlington R.

(16) COLOR OR RACE: Col.

(17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Housework

(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 24 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Chas. Jamison

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Darlington R

Given name added from a supplemental report ..... 191....
..... Registrar

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

(27) Filed 1-1-1922 (28) E O Ezell
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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FORM No. 1—CERTIFICATE OF BIRTH—PRINTED FOR PERMANENT RECORD.
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCrary of Columbia.