

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 10-17-18-19-20-21
2021

County of BeaufortTownship of Beaufort

Inc. Town of

City of BeaufortRegistration District No. 24 Registered No. 10
(For use of Local Registrar)

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

(3) SEX OF CHILD girl (4) Type or Triple? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb-11-23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Green(10) NAME BEFORE MARRIAGE Lucile Smith(9) PRESENT POSTOFFICE OF FATHER Beaufort(11) PRESENT POSTOFFICE OF MOTHER Beaufort(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 40 (Year)(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 25 (Year)(16) BIRTHPLACE Beaufort(17) BIRTHPLACE Beaufort(18) OCCUPATION farmer(19) OCCUPATION farmer(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 Lucile Green at Beaufort on the date above stated. (Mark either stillborn) (Near A. M. or P. M.)(23) (Signature) John Green (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb-21-23 (28) John Green

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

REMARKS OBSERVED FOR BIRTHS
WRITTEN FLANKLY, WITH UNIFORM INCISIONS IN A PRELIMINARY REPORT
IN 10-18 CASE OF TWIN OR TRIPLETS OR A DIFFERENT BLANK FOR EACH CHILD, AND USE IN
FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., IN QUESTION 3.