Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9595

(1) PLACE OF BIRTH
County of Abbeville
Township of Cedar Spring
or
Inc. Town of Abbeville
or
City of .....

Registration District No. 103 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 Willie Green (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	—		yes	April 1, 1922

FATHER.

(8) FULL NAME: Archie Green
(9) PRESENT POSTOFFICE OF FATHER: Abbeville S C
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Abbeville S C
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Irene Latimer
(15) PRESENT POSTOFFICE OF MOTHER: Abbeville S C
(16) COLOR OR RACE: negro
(17) AGE AT LAST BIRTHDAY: 18 (Years)
(18) BIRTHPLACE: Anderson S C
(19) OCCUPATION: Housewife
(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 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabelle Murray
(24) State whether Physician or Midwife: mother
(25) Address of Physician or Midwife:

Given name added from a supplemental report .....
..... 19....
Registrar

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

(27) [redacted] 4/20 1922 (28) Allen Ramey
Local Registrar.

*When there was no attending physician or midwife, 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 fourth month of pregnancy.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, S. C.