

(1) PLACE OF BIRTH

County of AndersonTownship of Hnea Patkor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6460

Registration District No. 30.7 Registered No. 3.2
(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Joseph D. Davis Green(3) SEX OR (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 3-28-22
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Benjamin Perry Green (14) NAME BEFORE MARRIAGE Comore Kiziah Green(9) PRESENT POSTOFFICE OF FATHER Hnea Patk S.C. (15) PRESENT POSTOFFICE OF MOTHER Hnea Patk - S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years) (Years)(12) BIRTHPLACE Shelville Co. (18) BIRTHPLACE Georgetown Co.(13) OCCUPATION Union Mill Op (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 P. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)(23) (Signature) Dr. J. D. Davis (24) State whether Physician or Midwife (25) Address of Physician or Midwife 10. Hnea Patk

Given name added from a supplemental report

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

(27) Filed 4-10-22 (28) 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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