(1) PLACE OF BIRTH

County of Williamsburg

Township of Penn

or

Inc. 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
2717

Registration District No. 4308 Registered No. 4
(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 Elizabeth Green

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

(3) BOY OR GIRL? 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? Yes

(7) DATE OF BIRTH Jan 11th 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Green

(9) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Williamsburg co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Locklear

(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE Williamsburg co. S.C.

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betsy Locklear

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Lanes

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed Jan 15th 1922 (28) A. B. Morely
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.

FORM OF CERTIFICATE APPROVED BY THE BOARD OF HEALTH—THIS IS A PERMANENT RECORD. A CERTIFICATE OF THE BIRTH OF EVERY CHILD BORN ALIVE IN THIS STATE IS REQUIRED TO BE MADE FOR EACH CHILD, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

Medical Printing Co., Columbia, S. C.