

1. PLACE OF BIRTH

County of Berkley Co

Township of _____

or
Inc. Town of _____City of Honey Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 704

FILE No.—For State Registrar Only

14417Registered No. 16

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

2. Full Name of Child

Elma Green

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

3. SEX OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married yes

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

Sept 14 1923

FATHER

8. FULL
NAMEJacob Green9. PRESENT
POSTOFFICE
OF FATHERHoney Hill S.C.10. COLOR
OR
RACENegro11. AGE AT LAST
BIRTHDAY42
(Years)

12. BIRTHPLACE

Berkley Co

13. OCCUPATION

Farmer20. Number of children born to
mother, including present birth8

MOTHER

14. NAME BEFORE
MARRIAGEElise Weing15. PRESENT
POSTOFFICE
OF MOTHERHoney Hill S.C.16. COLOR
OR
RACENegro17. AGE AT LAST
BIRTHDAY34
(Years)

18. BIRTHPLACE

Berkley Co

19. OCCUPATION

housewife21. Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Flora Meekings

24. State whether Physician or Midwife

Midwife

Given name added from a supplemental report

25. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)27. Filed 9/324

28.

E. F. Gentry
Local Registrar19
RegistrarWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
A.M.—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 3.

LAST NAMES REQUIRED ON

*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.