

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

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

(3) BOY OR
GIRL

Girl

(4) Type
or Weight

To be answered only in case of Twin or Triplet

(5) Number in
order of birth

1

(6) Is
Premature

Yes

(7) DATE OF
BIRTH

Jan 26, 1923

(8) (Day) (Year)

FATHER.

(9) FULL
NAME

Oscar Green

(10) PRESENT
RESIDENCE
OF FATHER

Arendaw S.C.

(11) COLOR
OR
RACE

Black

(12) AGE AT LAST
BIRTHDAY

27

(13) BIRTHPLACE

Arendaw S.C.

(14) OCCUPATION

Farmer

MOTHER.

(15) NAME BEFORE
MARRIAGE

Victoria Steel

(16) PRESENT
RESIDENCE
OF MOTHER

Arendaw S.C.

(17) COLOR
OR
RACE

Black

(18) AGE AT LAST
BIRTHDAY

21

(19) BIRTHPLACE

Arendaw S.C.

(20) OCCUPATION

Farmer

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

Four

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

Lucetta F. Green

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Arendaw S.C.

(27) Given name added from a supplement-
al report

(28) Witness

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

(29) Filed Jan 26, 1923

(30) J. E. Kinney

Registrar

*When there was no attending physician or midwife, then the father, householder, or other person must report the birth of the child before the fifth month of pregnancy.

WRITE PLAINLY. WITH CRAPING USE PEN IN A FURNISHED ENVELOPE. SEE INSTRUCTIONS ON REVERSE OF THIS CARD. SEE INSTRUCTIONS ON REVERSE OF THIS CARD. SEE INSTRUCTIONS ON REVERSE OF THIS CARD.