

(1) PLACE OF BIRTH

County of WmburgTownship of Horseor
Inc. Town of

City of

(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

Paul Green

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 1923
(Name) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Israel Green</u>	(14) NAME BEFORE MARRIAGE	<u>Sue Miller</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Greenville S.C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>38</u>	(17) AGE AT LAST BIRTHDAY	<u>40</u>
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>9</u>	(21) Number of children of this mother now living, including present birth	<u>9</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:30 A.M. on the date above stated. (Hour, M. or P. M.)(23) (Signature) Dr. W. M. O. Bryan(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 16 1923(28) J. A. Blackwell
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 reports desired of stillbirths before the fifth month of pregnancy.