

(1) PLACE OF BIRTH

County of AndersonTownship of Harwinor
Inc. Town ofor
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 James Green If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10, 1922
(Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Green</u>	(14) NAME BEFORE MARRIAGE <u>Alice Rice</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Pendleton, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton, S.C.</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>col</u>
(12) BIRTHPLACE <u>Pickens Co. S.C.</u>	(18) BIRTHPLACE <u>Anderson Co.</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>
(13) OCCUPATION <u>Farmer</u>			
(22) Number of children born to mother, including present birth <u>Two</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Fessie Green (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pendleton

Given name added from a supplemental report

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

(27) Filed 4/10 19 22 (28) W L Casey 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.