

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Reedville*

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**87516**

Inc. Town of ..... Registration District No. *407* ... Registered No. *132* .....  
(For use of Local Registrar)  
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 ..... { If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet?  (5) Number in order of birth *1st* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct. 20, 1914*  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Lindsay Greene*  
(9) PRESENT POSTOFFICE OF FATHER *Green Rt #1 S.C.*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *73* (Years)  
(12) BIRTHPLACE *nc.*  
(13) OCCUPATION *farmer*  
(14) Number of children born to mother, including present birth { *one*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Pauline Christophe*  
(15) PRESENT POSTOFFICE OF MOTHER *Green Rt #1*  
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *16* (Years)  
(18) BIRTHPLACE *Reedville S.C.*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth { *one*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6:30* .....  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Mrs. Brockman* .....  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife *Green S.C.*

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Dec 1914* (28) *M. J. Hubert* 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.