

McGraw-Hill, Inc. **PERMANENT RECORD**
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6

(1) PLACE OF BIRTH

County of Laurens
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

14413

Registration District No. 1313 Registered No. 3A
(For use of Local Registrar)

(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 Lewis S. 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 May 15 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James L. Green</u>	(14) NAME BEFORE MARRIAGE <u>Green Lang</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Laurens</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	(18) BIRTHPLACE <u>N. C.</u>	(19) OCCUPATION <u>Farmer</u>
(10) COLOR OR RACE <u>White</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</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., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) N. A. Scott (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wanning G. S. C.

Given name added from a supplemental report
(26) Witness (Signature of witness necessary only when question 23 is signed by mark)
(27) James L. S. Green (28) C. J. White 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.