

(1) PLACE OF BIRTH

County of Berkley
 Township of Cantata
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20020

Registration District No. 108 Registered No. 73

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

(3) BOY OR GIRL Girl (4) Twin Two or Triplet no 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 2, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Washington Green
 (9) PRESENT POSTOFFICE OF FATHER Lowndes S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Berkley Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Eileen Marion
 (15) PRESENT POSTOFFICE OF MOTHER Lowndes S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Berkley Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Green (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Lowndes S.C.

Given name added from a supplemental report

(26) Witness R. W. Green (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1923 D. W. Green 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.