

(1) PLACE OF BIRTH

County of CharlestonTownship of Calmar

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17261

Registration District No. 1301... Registered No. 23...
(For use of Local Registrar)(2) Full Name of Child Maggie Green

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 28, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Piney Green(9) PRESENT POSTOFFICE OF FATHER Piney S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Green Williams(15) PRESENT POSTOFFICE OF MOTHER Piney S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Brown
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Piney S.C.

Given name added from a supplemental report

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

(27) Filed July 19, 1923 (28) C. S. 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.