

(1) PLACE OF BIRTH

County of WadesboroTownship of 2ndor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301

File No.—For State Registrar Only

32601

Registered No. 107
(For use of Local Registrar)

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

(2) Full Name of Child Mary Jane Green If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in family of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3 1932
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Les Green (14) NAME BEFORE MARRIAGE Jane Kael(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Year) (Year)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 173 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rechel Green (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.Given name added from a supplemental report C (26) Witness John B. Brown(27) Filed Sept 22 (28) Local Registrar J. B. Brown

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.