

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

or

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

17493

Registration District No. 1706

Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child

Nomer Green

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

3) BOY OR GIRL

girl

4) Twin or Triplet?

Twins

5) Number in order of birth

2

To be answered only in case of Twin or Triplet

6) Are Parents Married?

yes

7) DATE OF BIRTH

June 27, 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Julius Green

9) PRESENT POSTOFFICE OF FATHER

Summerville

10) COLOR OR RACE

Colored

11) AGE AT LAST BIRTHDAY

28

12) BIRTHPLACE

Rochester Co

13) OCCUPATION

Farming

20 Number of children born to mother, including present birth

Nine

MOTHER.

14) NAME BEFORE MARRIAGE

Maggie Middleton

15) PRESENT POSTOFFICE OF MOTHER

Summerville

16) COLOR OR RACE

Colored

17) AGE AT LAST BIRTHDAY

27

18) BIRTHPLACE

Rochester Co

19) OCCUPATION

Housewife

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 or stillborn

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 2, 1923

(28)

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.