

(1) PLACE OF BIRTH

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

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

No. 4113
 4113

Registration District No. 73 Registered No. 90
 (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 John William If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>2. 23. 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Robert C. Green</u>			(14) NAME BEFORE MARRIAGE <u>John E. Green</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Greenwood</u>			(18) BIRTHPLACE <u>Greenwood</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Teacher</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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 25
 (23) (Signature) Robert C. Green
 (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 Feb 11 1923 (28) W. A. Williams 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.

WRITE PLAINLY. WITH SPACING. THIS IS A PERMANENT RECORD.

N B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 1.

State of Columbia, Columbia, S. C.