

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. 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

18227

Registration District No. 1304

Registered No. 21
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Sarah Greene

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

(3) BOY OR GIRL?

Gr.

(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 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sammy Greene

(9) PRESENT POSTOFFICE OF FATHER

Remini S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

28

(12) BIRTHPLACE

Clarendon Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Greene

(15) PRESENT POSTOFFICE OF MOTHER

Remini S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

25

(18) BIRTHPLACE

Clarendon Co

(19) OCCUPATION

Home & feed

(20) Number of children born to mother, including present birth

3

(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 on the date above stated.

Aline A.O.A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah Johnson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Remini S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 30, 1922

(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.