

11/30/42

22 049378

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

## 1. PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a

FILE No.—For State Registrar Only

04929

Registered No. ....  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD

George Green Jr.

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

3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term. <input checked="" type="checkbox"/>	7. Are Parents Married? <input checked="" type="checkbox"/>	8. Date of birth..... (Month, day, year) <u>Feb. 14, 1922</u>
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9. Full name  
George Green

FATHER

18. Name before marriage  
Ola Rabb

MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State) Columbia, S.C.19. Residence (mailing address)  
(If non-resident, give place and State) Columbia, S.C.11. Color or race Colored12. Age at child's birth.....20.....(years)20. Color or race Colored21. Age at child's birth.....18.....(years)13. Birthplace (city or place).....Columbia, S.C.  
(State or country)22. Birthplace (city or place).....Columbia, S.C.  
(State or country)14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. ....Disengaged23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. ....Laundress15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc. ....Mill Work24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. ....16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work25. Date (month and year) last  
engaged in this work26. Total time (years)  
spent in this work 10 yrs.27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living.....1..... (b) Born alive but now dead.....1..... (c) Stillborn.....28. If stillborn, period of gestation.....  
months weeks 29. Cause of stillbirth.....  
Before labor.....  
During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

(Signed) Ola Rabb Green, Parent

or....., Guardian

Address.....301 Ball St. Columbia, S.C.Filed.....1/5, 19..43 M. B. Woodward, MD

Registrar.

Registrar.