CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 348

(1) PLACE OF BIRTH
County of Beaufort
Township of Lincolnville
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.)

Registration District No. 2 3 R
Registered No. 5
(For use of Local Registrar)
(No. ..... St. ..... Ward)

(2) Full Name of Child Thos Green

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

(3) Boy or Girl: Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth: 4
(6) Are Parents Married? Yes
(7) Date of Birth: June 7 (Name of Month) (Day) 1922 (Year)

FATHER

(8) Full Name: Thos Green
(9) Present Postoffice of Father: Yemassee
(10) Color or Race: Negro
(11) Age at Last Birthday: 28 (Years)
(12) Birthplace: Beaufort
(13) Occupation: Farming

MOTHER

(14) Name Before Marriage: Susan Frasier
(15) Present Postoffice of Mother: Yemassee
(16) Color or Race: Negro
(17) Age at Last Birthday: 26 (Years)
(18) Birthplace: Beaufort SC
(19) Occupation: Home work
(21) Number of children of this mother now living, including present birth: 4

(20) Number of children born to mother, 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 3 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Malissie Ware
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report .....
..... 19 .....
Registrar

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

(27) Filed ..... 19 .....

(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.

Manufactured by Columbia Columbia, S. C.
N. B.—In case of twins use blank marked "Twins" in preference to this form.
Written permission must be obtained from the Bureau of Statistics, State Board of Health, Columbia, S. C., before using any other form than this official form.
Publication No. 1, Form Certificate, No. 2, etc., on question 6.