

**WHITE PLASTER, WITH UNBANDING FIBER—THIS IS A HIGH-STRENGTH MATERIAL, WHICH IS USED IN THE CONSTRUCTION OF ROADS, BRIDGES, AND OTHER STRUCTURES. IT IS MADE BY MIXING PLASTER OF PARIS WITH A SPECIAL FIBER, WHICH IS THEN DRYED AND BLENDED TOGETHER. THE RESULTING MIXTURE IS THEN USED TO MAKE PLASTER OF PARIS, WHICH IS THEN USED TO MAKE PLASTER OF PARIS.**

## (1) PLACE OF BIRTH

County of Beaufort  
Township of Beaufort  
or  
Inc. Town of Bft  
or  
City of Bft

# CERTIFICATE OF BIRTH

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

Registration District No. 6A

**File No.—For State Registrar Only**

324

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

City of San Francisco (No. 517 St. 1 Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hettie Green

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *Triplet* (5) Number in order of birth  
To be answered only in event of Twins or Triplets

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan 17 1922  
(Month) (Day) (Year)

## FATHER

(5) FULL NAME Wesley Green

(9) PRESENT POSTOFFICE OF FATHER *Briant*

(10) COLOR OR RACE *Poland* (11) AGE AT LAST BIRTHDAY *1890* 31 (Years)

(12) BIRTHPLACE. Y ST LA T

(13) OCCUPATION *Student*

Enterprise

20) Number of children born to mother, including present birth 3

**MOTHER**

(14) NAME BEFORE MARRIAGE Lucia Liffard

(15) PRESENT POSTOFFICE OF MOTHER *Beaufort*

(16) COLOR OR RACE *Poland* (17) AGE AT LAST BIRTHDAY *189*  
(Years)

(18) BIRTHPLACE *D. H. H.*

(18) OCCUPATION Student

Hamastiel

(21) Number of children of this woman  
now living, including present birth

PHYSICIAN OR MIDWIFE

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born Jan 17 at 3 P.M.  
on the date above stated. Abie M. Curtis (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alma Jan 11 1943 F.M.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Chick Hettie Green

(26) Witness ..... (Signature of Witness necessary only  
if not signed by mark)

When question 22 is signed: 32, 1961 Harry Kessen

\*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.