

By Court Order 12-18-72: Bette Greene

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort
Township of Hiltonhead

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
54700

Inc. Town of Registration District No. 602 Registered No.
(For use of Local Registrar)
City of (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. Rebecca Green { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ezekiel Green
(9) PRESENT POSTOFFICE OF FATHER Hiltonhead S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.

MOTHER.

(14) NAME BEFORE MARRIAGE Tilda Hamilton
(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth 3

(13) OCCUPATION

Farmer

(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 5 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Nancy Christopher
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead S.C.

Given name added from a supplemental report

XC.O. # 5497

Filed 12-18-72
Registrar

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

(27) Filed April 6, 1916 (28) W. D. Brown 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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 5.