

(1) PLACE OF BIRTH

County of BeaufortTownship of Chatham

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

Registration District No. 6203B

File No.—For State Registrar Only

37331

Registered No. 93
(For use of Local Registrar)(2) Full Name of Child Isiah Green

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

(3) SEX OR
GENDERBoy(4) Twin
or triplet?No(5) Number in
order of birth2

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?No

(7) DATE OF

BIRTH 11-20-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHenry Green(9) PRESENT
POSTOFFICE
OF FATHERHampton(10) COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY22
(Years)

(12) BIRTHPLACE

Beaufort Co

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGERosa Green(15) PRESENT
POSTOFFICE
OF MOTHERHampton(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY25
(Years)

(18) BIRTHPLACE

Beaufort Co

(19) OCCUPATION

Field work(21) Number of children of this mother
now living, including present birth1

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.Conrad Alvin 7 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rita Mann

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

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(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.