

1. STATE OF SOUTH CAROLINA
2. COUNTY OF
3. TOWNSHIP OF
4. CITY OF
5. REGISTRATION DISTRICT NO.
6. REGISTERED NO.
7. DATE OF BIRTH
8. FULL NAME OF CHILD
9. SEX
10. AGE AT LAST BIRTHDAY
11. BIRTHPLACE
12. OCCUPATION
13. FATHER'S FULL NAME
14. FATHER'S PRESENT POSTOFFICE
15. FATHER'S COLOR OR RACE
16. FATHER'S AGE AT LAST BIRTHDAY
17. FATHER'S BIRTHPLACE
18. FATHER'S OCCUPATION
19. MOTHER'S FULL NAME
20. MOTHER'S PRESENT POSTOFFICE
21. MOTHER'S COLOR OR RACE
22. MOTHER'S AGE AT LAST BIRTHDAY
23. MOTHER'S BIRTHPLACE
24. MOTHER'S OCCUPATION
25. I hereby certify that I attended the birth of this child, who was... at... M., on the date above stated.
26. (Signature)
27. State whether Physician or Midwife
28. Address of Physician or Midwife
29. Given name added from a supplemental report
30. Witness
31. Local Registrar
32. 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 be reported as stillborn. No report is desired of stillbirths occurring during the first month of pregnancy.

(1) PLACE OF BIRTH

County of Marion
Township of St. Paul
or
Inc. Town of
or
City of Osborn, W.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41414

Registration District No. 910 B Registered No. 17
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felix Green
(9) PRESENT POSTOFFICE OF FATHER Osborn, W.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Osborn, W.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Osborn, W.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Osborn, W.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) 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 be reported as stillborn. No report is desired of stillbirths occurring during the first month of pregnancy.