

State of South Carolina
Department of Health
Division of Vital Statistics
State Board of Health

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
DIVISION OF VITAL STATISTICS
STATE BOARD OF HEALTH

Flo No.—for State Registration

4780

or
Town of Registration District No. 39? D. G. (Name of town or local number)
or
(If birth occurs in hospital or other institution, give name of same instead of street and number)
Street Ward

Full Name of Child Present East Rose | If child is not yet named, make
immediate report as directed

107	10 2nd	10 Number in order of birth /	10 Age Married	10 DATE BIRTH (Month, Day, Year)
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FATHER

FULL
NAME
Jane E. Green

MARITAL
STATUS
McCall

PARENT
POSTOFFICE
OF FATHER
Trachaelas

COLOR
OR
RACE
White

AGE AT LAST
BIRTHDAY 28

(Years)

BIRTHPLACE
Orange Co. S.C.

OCCUPATION
Waver

Number of children born to
mother, including present birth 1. 4

MOTHER

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(10) Signature

(10) State where physician or midwife

(10) Address of physician or midwife

No name added from a subsequent
report

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Registrar

(10) WITNESS

(Signature of witness necessary only
when question 10 is signed by mark)

(10) MARY V. COOPER (10) R. L. McLean
Local Registrar

If 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.

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