Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
23159

(1) PLACE OF BIRTH

County of Edgefield

Township of Merriwether

Inc. Town of ..... Registration District No. ..... Registered No. 180 (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 Greenwood Samuel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH July 4 (Name of Month) 6 (Day) 1915 (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Walter Samuel	(14) NAME BEFORE MARRIAGE	Anna Jones
(9) PRESENT POSTOFFICE OF FATHER	North Augusta	(15) PRESENT POSTOFFICE OF MOTHER	North Augusta
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	35 (Years)	(17) AGE AT LAST BIRTHDAY	24 (Years)
(12) BIRTHPLACE	Edgefield	(18) BIRTHPLACE	Edgefield
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farmer Fe
(20) Number of children born to mother including present birth	Six	(21) Number of children of this mother now living, including present birth	Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 1 o'clock at ..... P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Nesbaum | midwife

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191

Registrar

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

(27) Filed July 14 1915 (28) Mrs. R. A. Timmerman
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] deaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.