CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25616

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or

Inc. Town of —

or

City of Abbeville

Registration District No. 1-A Registered No. 80 (For use of Local Registrar)

(No. Branch 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 Wm Bennett Green Jr. — 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 4

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. (Name of Month) 2 (Day) 1915 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Wm Bennett Green	(14) NAME BEFORE MARRIAGE	Sallie White
(9) PRESENT POSTOFFICE OF FATHER	Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Abbeville S.C.	(18) BIRTHPLACE	Abbeville S.C.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife ~~Abbeville S.C.~~
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, 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 143 a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [signature]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Abbeville S.C.

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 7 191.. (28) [signature] 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.

..... Registrar | ..... Local Registrar.

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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.

N. B.—McCaw, of Columbia