

Form No. 1.

## (1) PLACE OF BIRTH

County of CharlestonTownship of Johns IslandInc. Town of  
or  
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

File No.—For State Registrar Only

45647

Registration District No. 905 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child. John Green

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

|                            |   |                              |                          |  |
|----------------------------|---|------------------------------|--------------------------|--|
| (3) <del>BOY OR GIRL</del> | (4) Twin or Triplet?                              | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>Jan, 20, 1916</u> |
|                            | To be answered only in event of Twins or Triplets |                              |                          | (Name of Month) (Day) (Year)           |

## FATHER.

(8) FULL NAME Henry Green(9) PRESENT POSTOFFICE OF FATHER Johns Island(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Johns Island(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rose Ella Green(15) PRESENT POSTOFFICE OF MOTHER Johns Island(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Johns Island(19) OCCUPATION Farmer laborer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Johns Island on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alphy Forest

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

Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Jan. 20, 1916 (28) W. C. Mills 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.

MARGIN RESERVED FOR ENDING.

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.

McCaw, of Columbia