

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Johns Island

File No.—For State Registrar Only

45647

Inc. Town of Registration District No. 905 Registered No. 2
(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 John Green } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan, 20, 1906</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Henry Green

(14) NAME BEFORE MARRIAGE Rose Ella Green

(9) PRESENT POSTOFFICE OF FATHER Johns Island

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(10) COLOR OF RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Johns Island

(18) BIRTHPLACE Johns Island

(13) OCCUPATION Farmer

(19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 1

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aphy. 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)

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Registrar

(27) Filed Jan. 30 1916 (28) W. C. Mills Local Registrar

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. McCay, of Columbia

*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.