

FORM NO. 1 - MARCH 1915 - REPRODUCED FROM THE PUBLIC HEALTH SERVICE, WASHINGTON, D. C. - THIS IS A PERMANENT RECORD.

In each 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.

(1) PLACE OF BIRTH
 County of Green
 Township of Green
 OR
 Inc. Town of Green
 OR
 City of Green
 (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
46301

Registration District No. 22-0 Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child Ardea Claire

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1916
Is he answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H P Clair

(9) PRESENT POSTOFFICE OF FATHER Green S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Green S C

(13) OCCUPATION Clear

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Bennett

(15) PRESENT POSTOFFICE OF MOTHER Green S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Green S C M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Green S C

Given name added from a supplemental report — 1916

Registrar [Signature]

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

(27) Filed 2/2/1916 (28) J. W. White 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.

*When there was no attending physician or midwife, then the father, householder, etc., should **MARK** 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.

N. B. McCaw, of Columbia