

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston S.C.

(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 Register Only

3196

Registration District No. 9 A Registered No. 282

(For use of Local Registrar)

2) Full Name of Child Baby Irene If child is not yet named, make supplemental report as directed

(1) Girl (2) Twin or Triplet? (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 2 1915 (6) (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME John Henry Green(2) PRESENT POSTOFFICE OF FATHER 31 Norman St Charleston S.C.(3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY 35 (Years)(5) BIRTHPLACE Charleston S.C.(6) OCCUPATION Bricklayer(7) Number of children born to mother, including present birth 1

MOTHER.

(1) NAME BEFORE MARRIAGE Florence Smalls(2) PRESENT POSTOFFICE OF MOTHER 31 Norman St Charleston S.C.(3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY 34 (Years)(5) BIRTHPLACE Charleston S.C.(6) OCCUPATION Domestic(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was Born alive at 10:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(2) (Signature) J. W. Ward, M.D. (3) State whether Physician or Midwife (4) Address of Physician or Midwife Charleston S.C.

Give name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 2 is signed by mark)

(6) Filed 7/3/15 (7) J. Morris Green, Jr. 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.