

## (1) PLACE OF BIRTH

County of BlufftonTownship of Beaufort

Inc. Town of .....

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

71500

Registration District No. 601Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Harriet Green

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

June 28, 1916

(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Albert Green

(9) PRESENT POSTOFFICE OF FATHER

Bluffton, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Beaufort County S.C.

(13) OCCUPATION

Lumber

## MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Roberson

(15) PRESENT POSTOFFICE OF MOTHER

Bluffton, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Beaufort County S.C.

(19) OCCUPATION

housewife

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

5

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lusina Fraser

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bluffton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 31, 1916

(28)

W. F. Trapp

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 BINDING. THIS IS A PERMANENT RECORD. 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.