

(1) PLACE OF BIRTH

County of Bluffton
 Township of Beaufort
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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. 601 Registered 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 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1916
(Name of 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 Lawyer
 (20) Number of children born to mother, including present birth 5

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
 (21) Number of children of this mother now living, including present birth 2

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 Travers

(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 W. P. Tripp
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 31, 1916 (28) W. P. Tripp 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.
 WRITERS ONLY. 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