

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of 1.1

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David Green

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 3, 1916  
(Name of Month) (Day) (Year)

File No.—For State Registrar Only  
**76934**

FATHER.

(8) FULL NAME David Green

(9) PRESENT POSTOFFICE OF FATHER Jenkinsville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie Young

(15) PRESENT POSTOFFICE OF MOTHER Jenkinsville

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Housewife

(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 alive at 4 A. M. on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) May J. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jenkinsville

Given name added from a supplemental report

(26) Witness D. G. Hardaway  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 1916 (28) D. G. Hardaway  
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.

MARGINS RESERVED FOR BINDING. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCray of Columbia.