

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

(1) PLACE OF BIRTH

County of Charles Lee

Township of

or
Inc. Town of Charleston

or
City of

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76018

Registration District No. 9A Registered No. 1009

(For use of Local Registrar)

(No. Robert Hospital St.; Ward)

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

| | | | | |
|-----------------------------|--|---------------------------------------|------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Sept. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|--|---------------------------------------|------------------------------------|--|

FATHER.

(8) FULL NAME Robert Coffee

(9) PRESENT POSTOFFICE OF FATHER 106, King St. Charleston, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Lodip Island S.C.

(13) OCCUPATION Common Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Floa Green

(15) PRESENT POSTOFFICE OF MOTHER 106, King St. Charleston, S.C.

(16) COLOR OR RACE Mixed (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Johns Island S.C.

(19) OCCUPATION House Wife

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

(23) (Signature) K. C. Coffee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Robert Hospital

Given name added from a supplemental report

....., 191.....

....., 191.....

Registrar

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

(27) Filed 9/25/16 (28) J. M. Green

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.