

FORM NO. 1.

(1) PLACE OF BIRTH

County of Wm.burg.Township of James S.C.Inc. Town of James S.C.City of James S.C.

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

(2) Full Name of Child John Wesley 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>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12 1915</u>
<small>To be answered only in case of twins or triplets</small>			<small>(For use of Local Registrar)</small>	<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Charlie Green(9) PRESENT POSTOFFICE OF FATHER James S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE James S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Myers(15) PRESENT POSTOFFICE OF MOTHER James S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE James S.C.(19) OCCUPATION House wife(20) 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 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose L. Ashman(24) State whether Physician or Midwife (25) Address of Physician or Midwife James S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 1204 1915 (28) 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.

A. H. Moseley

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.