

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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of ..... or Inc. Town of ..... or City of <u>Charleston</u> (No. <u>182</u> <u>Smith St.</u> St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar only <div style="border: 1px solid black; padding: 5px; display: inline-block;">48324</div>	
(2) Full Name of Child <u>Barckell Green</u>		Registered No. <u>190</u> (For use of Local Registrar)			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Feb 22</u> <u>1906</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Green</u>			(14) NAME BEFORE MARRIAGE <u>Marion Paine</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>182 Smith St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>182 Smith St</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Charleston</u>			(18) BIRTHPLACE <u>Charleston</u>		
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>at home</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>10</u> <u>P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sarah B. Bailey</u>			(24) Address of Physician or Midwife <u>87 E Bay</u>		
(25) State whether Physician or Midwife <u>midwife</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. Mercer Green</u>		
Given name added from a supplemental report ..... 191.... ..... Registrar			(27) Filed <u>2/21</u> 191.... 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.