

MARGIN RESERVED FOR BINDING. WITH PLAIN, WHITE, UNWRITTEN, 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 Charleston

Township of St. Phillips

or St. Michaels

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 909

File No.—For State Registrar Only

88859

Registered No. 166
(For use of Local Registrar)

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

(2) Full Name of Child

Infant Daughter of Mr. & Mrs. Green

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 30 18

FATHER.

(8) FULL NAME

James Green

(9) PRESENT POSTOFFICE OF FATHER

9 mile

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Char. S.C.

(13) OCCUPATION

Laborer

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

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruby Gamble

(15) PRESENT POSTOFFICE OF MOTHER

9 mile

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Char. S.C.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Alive at 7:30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 24 18

(28)

C. F. Myers
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.