

Form No. 10. 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.

Cav. of Columbia.

W.

N. 1

McCav.

## (1) PLACE OF BIRTH

County of

*Berkeley*

Township of

*2nd St. Johns*Inc. Town of  
or

City of

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

58833

Registration District No.

*703*

Registered No.

*39*

(For use of Local Registrar)

(2) Full Name of Child *Anna Belle Green*

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

(3) SEX of  
GIRL? *Girl*(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? *Yes*(7) DATE  
BIRTH*May 4*

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME*Saty Green*(9) PRESENT  
POSTOFFICE  
OF FATHER*Pinopolis S.C.*(10) COLOR  
OR  
RACE*Black*(11) AGE AT LAST  
BIRTHDAY*32*  
(Years)

(12) BIRTHPLACE

*Berkeley Co*

(13) OCCUPATION

*Farmer*(20) Number of children born to  
mother, including present birth*5*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE*Marie McDaniel*(15) PRESENT  
POSTOFFICE  
OF MOTHER*Pinopolis S.C.*(16) COLOR  
OR  
RACE*Black*(17) AGE AT LAST  
BIRTHDAY*25*  
(Years)

(18) BIRTHPLACE

*Berkeley Co*

(19) OCCUPATION

*Farmer*(22) 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 *5:30* A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Hammett X. Jones*

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

*Midwife Moncks Corner S.C.*Given name added from a supplement  
report

(26) Witness

*R. E. St. Amant*(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

*May 14*

1916

(28)

*J. L. Cain*

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.\*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.