

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

Registration District No. 9 ARegistered No. 1884

(For use of Local Registrar)

(No. 22 Ashton St. St.; Ward)(2) Full Name of Child Harold H. 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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 26</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Green(9) PRESENT POSTOFFICE OF FATHER 22 Ashton St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Porter(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maddie Githers(15) PRESENT POSTOFFICE OF MOTHER 22 Ashton St(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mamie E. Partridge(24) State whether Physician or Midwife Nurse (25) Address of Physician or Midwife 88 Calhoun St

Given name added from a supplemental report

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

(27) Filed 12/30/22 (28) J. M. Green Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.