

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

587

County of *Charleston*Township of *St. James*Inc. Town of *McCollum*

City of

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

(No. St. Ward)

Registration District No. *906* Registered No. *2*

(For use of Local Registrar)

(2) Full Name of Child *David Green*

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

(3) SEX OF CHILD <i>Boy</i>	(4) Type of Birth <i>Normal</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 8, 1923</i>
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FATHER. (8) FULL NAME <i>David Green</i> (9) PRESENT POSTOFFICE OF FATHER <i>Dante</i> (10) COLOR OR RACE <i>Negro</i> (11) AGE AT LAST BIRTHDAY <i>21</i> (12) BIRTHPLACE <i>Charleston Co.</i> (13) OCCUPATION <i>Day Laborer</i> (14) Number of children born to mother, including present birth <i>2</i>		MOTHER. (14) NAME BEFORE MARRIAGE <i>Helen Green</i> (15) PRESENT POSTOFFICE OF MOTHER <i>Dante</i> (16) COLOR OR RACE <i>Negro</i> (17) AGE AT LAST BIRTHDAY <i>18</i> (18) BIRTHPLACE <i>Charleston Co.</i> (19) OCCUPATION <i>Dom. Laborer</i> (21) Number of children of this mother now living, including present birth <i>1</i>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. T. Tucker*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Dante*

Given name added from a supplemental report

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

(27) Filed *Jan 9, 1923* (28) *J. B. Tucker* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.