

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

(2) Full Name of Child Verde Louise Green

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

(3) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet <u>No</u> To be marked only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 25</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Green

(9) PRESENT POSTOFFICE OF FATHER 34 Mary St

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Beaufort Sc

(13) OCCUPATION Chariffner

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Chapman

(15) PRESENT POSTOFFICE OF MOTHER 34 Mary St

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Year)

(18) BIRTHPLACE Long I. New York

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte George (24) State whether Physician or Midwife (25) Address of Physician or Midwife 34 Bennetts

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) (28) Filed 12/1 1923 J. M. Green 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 stillbirths before the fifth month of pregnancy.