

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

or

Inc. Town

or

City of Charleston

(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

33084

Registration District No. 214 Registered No. 14
(For use of Local Registrar)

(No. 1715 Front St.) (Ward)

(2) Full Name of Child

Charley McEwen

(if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH Jan 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wallie H. Green

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Lawyer

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

MOTHER.

(14) NAME BEFORE MARRIAGE James Brown

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 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 22 is signed by mark)

(27) Filed (28) 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.

MARGIN RESERVED FOR REMARKS.
WRITE PLAINLY. WITH SPACING. IN THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark with PENCIL "TWIN" or "TRIPLET" in the upper left corner of each blank.