

FORM NO. 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

704

Registered No.

11

(For use of Local Registrar)

File No.—For State Registrar Only

48227

## (2) Full Name of Child

Dolly J. Green

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?

(7) DATE OF BIRTH

Feb 14, 1914

## FATHER.

(8) FULL NAME

Willis Green

(9) PRESENT POSTOFFICE OF FATHER

Aloin St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Berkely Co

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Suzzy Stunkach

(15) PRESENT POSTOFFICE OF MOTHER

Aloin St

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Buffalo Co

(19) OCCUPATION

House work

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. C. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid wife

Aloin St

Given name added from a supplemental report

(26) Witness

Willis Green

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

(27) Filed Feb 14, 1914

(28)

J. J. Green

Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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 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.

McGraw, of Columbia.