

IN PLACE OF NUMBER

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For San Register City

520

Township of

No. of Town of Registration District No. 9A Registered No. 154

City of Charleston (No. Rapin Hospital) (For use of Local Authorities)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Hurricane Green If child is not yet named, make supplemental report as directed

(1) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30
(If of Month) Jan (If of Year) 1915

FATHER
(8) FULL NAME Thomas Green

(9) PRESENT POSTOFFICE OF FATHER Irmy City New York

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Coburn

(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Emily Williams

(15) PRESENT POSTOFFICE OF MOTHER 153 First St Charleston S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Summerville S.C.

(19) OCCUPATION Dom

(20) 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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 12:15 A.

(23) (Signature) J. Wood (Address) Charleston S.C.

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

Added from a supplemental report

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

(27) Filed 1/31/15 (28) Registrar Green

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