

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

Inc. Town of .....

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

File No.—For State Registrar Only

12983

Registration District No. .... Registered No. 46  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child James Green

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

3. SEX OF CHILD <u>Male</u>	4. Type or Cause <u>To be covered only in event of Twin or Triplet</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH <u>23 May 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>Samuel Green</u>	14. NAME BEFORE MARRIAGE <u>Edna Green</u>	9. PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
10. COLOR OR RACE <u>Negro</u>	11. AGE AT LAST BIRTHDAY <u>30</u> (Year)	16. COLOR OR RACE <u>Negro</u>	17. AGE AT LAST BIRTHDAY <u>18</u> (Year)
12. BIRTHPLACE <u>Beaufort (S.C.)</u>	18. BIRTHPLACE <u>Beaufort (S.C.)</u>	13. OCCUPATION <u>Public Work</u>	19. OCCUPATION <u>Housewife</u>
20. Number of children born to mother, including present birth <u>2</u>	21. Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia A. Johnston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(26) Witness

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

19  
Registrar

(27) Filed

19

(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.