

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.

McCay, of Columbia.

## (1) PLACE OF BIRTH

County of

*Charleston S.C.*

Township of .....

 or  
 Inc. Town of  
 or  
 City of
*Charleston S.C.*

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward)
(2) Full Name of Child ... *Lucile Green* ...

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Joseph Green*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston S.C.*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*23* (Years)

(12) BIRTHPLACE

*Rantle S.C.*

(13) OCCUPATION

*Laborer*

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

*One*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Rosetta Simmons*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston S.C.*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*19* (Years)

(18) BIRTHPLACE

*Charleston S.C.*

(19) OCCUPATION

*House maid*

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

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*midwife**69 Coming St.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.