

MAKING 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.

(1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Is.  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 9.2.5 Registered No. 1.3  
 (For use of Local Registrar)

File No.—For State Registrar Only  
3487

(2) Full Name of Child Cedma Green

St.; ..... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) SEX OR 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

Feb. 15, 1922  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robert Green

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY.....  
 (Years) 44

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Madra Chavis

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY.....  
 (Years) 38

(18) BIRTHPLACE

James Island, SC

(19) OCCUPATION

Farmer Laborer

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

1 Green

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

1 Green

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1.3 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Moley Green

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 15, 1922

(28)

W. H. Wells

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.