

Form No. 10.  
 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  
 child, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of James Is.  
 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

File No. —For State Registrar Only  
71809

Registration District No. 904 Registered No. 78  
 (For use of Local Registrar)  
 St.; ..... Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 11, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Green</u>			(14) NAME BEFORE MARRIAGE <u>Addie Giles</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>James Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>James Island</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>James Island</u>			(18) BIRTHPLACE <u>James Island</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) X. Ellen Giles  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt. Charleston

Given name added from a supplemental report  
Local 131  
Local Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed August 16, 1916 (28) R. H. Grimball 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.