

Form No. 1.

(1) PLACE OF BIRTH Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
72845

Township of

or
Inc. Town of

Registration District No. 2102 Registered No. 37
(For use of Local Registrar)

or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jim Green

(14) NAME BEFORE MARRIAGE Eli'ya Hayward

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Front st 1128.

(18) BIRTHPLACE Santee S.C.

(13) OCCUPATION Common Labors

(19) OCCUPATION

(20) Number of children born to mother, including present birth { 2 }

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive.... at 5 To 8 O'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife front st 1122.

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

Given name added from a supplemental report

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

..... 191.....
Registrar

(27) Filed Aug 27 1916. (28) W. S. Myler, Jr. 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.

MARGIN 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.

McCaw, of Columbia.