

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.

(1) PLACE OF BIRTH
 County of Edgelyfield
 Township of

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

File No.—For State Registrar Only
72502

or
 Inc. Town of

or
 City of Edgelyfield (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 Robert Andrew Green } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 11 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter B Green

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

(10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Edgelyfield S.C.

(13) OCCUPATION Plasterer

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Reuter

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

(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Edgelyfield

(19) OCCUPATION Home wife

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. A. Marsh

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgelyfield S.C.

Given name added from a supplemental report
 _____, 191.....
 _____, 191.....
 Registrar

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

(27) Filed Aug 28 1916 (28) W. A. Marsh 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.