

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH Charleston S.C. **CERTIFICATE OF BIRTH**  
 County of Charleston S.C. **STATE OF SOUTH CAROLINA.**  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 9A Registered No. 189  
 or  
 City of Charleston S.C. (No. 4 West Court E.) (For use of Legal 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 Lillie Green ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 19, 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>William Green</u>	(14) NAME BEFORE MARRIAGE <u>Julia Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Dakley S.C.</u>	(13) OCCUPATION <u>Driver</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>Seventh</u>	(21) Number of children of this mother now living, including present birth <u>fifth</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 11 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) S. Lillie Hubbard  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 29 Archdale St.

Given name added from a supplemental report .....  
 .....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 7/21/06 (28) J. M. Harris 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.