

Form No. 10. 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.

(1) PLACE OF BIRTH

County of Jasper  
Township of Crowsawatchie  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(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

73361

Registration District No. 26.0.0. Registered No. 28  
(For use of Local Registrar)  
Full Name of Child: Freddie 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? No (7) DATE OF BIRTH Nov. 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Green  
(9) PRESENT POSTOFFICE OF FATHER Yemassee, S. C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Yemassee, S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Miller  
(15) PRESENT POSTOFFICE OF MOTHER Sheldon, S. C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Florestaligo, S. C.  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Rebecca Crawford

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

Midwife Sheldon, S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 7/17 1916 (28) Louis McCaw 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.