

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 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 8.

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 Inc. Town of
 City of

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

Registration District No. 905 Registered No. 90
 (For use of Local Registrar)

No. for State Registrar Only
17011

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Female (4) Type or Weight To be reported only in case of Twin or Triplets (5) Number in order of birth 10 (6) Age at Birth 20 (7) DATE OF BIRTH June 14, 1923
 (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Washington Green
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
 (Year) (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) NAME BEFORE MARRIAGE Lula Green
 (16) PRESENT POSTOFFICE OF MOTHER Johns Island
 (18) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (Year) (19) BIRTHPLACE Johns Island
 (20) OCCUPATION Domestic
 (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 born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Caples
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

 19.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed June 30, 1923 (28) Mrs. E. H. Hill
 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.