

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helenaor  
Inc. Town of

City of

(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

63220

Registration District No. 60. X Registered No. 90

(For use of Local Registrar)

(2) Full Name of Child Nathan Green

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? None(5) Number in order of birth #1

(To be answered only in case of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 23, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Green(9) PRESENT POSTOFFICE OF FATHER Trogonore SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Perkins(15) PRESENT POSTOFFICE OF MOTHER Trogonore SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House-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 Alive at 11 a M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ella Perkins(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trogonore SC

Given name added from a supplemental report

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Registrar

(26) Witness A. C. Dair

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

(27) Filed July 1, 1916 (28) W. H. Crocker 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.

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