CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
45543

(1) PLACE OF BIRTH

County of Charleston S.C.
Township of ..... " "
or
Inc. Town of ..... " "
or
City of Charleston " (No. 45 King St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4A Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child William Green

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	Jan. 27, 1916 (Month) (Day) (Year)

(4), (5): To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: William Green	(14) NAME BEFORE MARRIAGE: Jane Williams
(9) PRESENT POSTOFFICE OF FATHER: Charleston S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Charleston S.C.
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: James Island S.C.	(18) BIRTHPLACE: James Island, S.C.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Cook
(20) Number of children born to mother, including present birth: One	(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. La Roche M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Roper Hospital, City

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 1-28-1916 (28) J. Mercer Green M.D.
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.

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.

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