

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

54084

Registration District No. 4308 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Ernest Jacob Green

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 9th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert E. Green

(9) PRESENT POSTOFFICE OF FATHER Lane, S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Williamsburg Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Lisdale

(15) PRESENT POSTOFFICE OF MOTHER Lane, S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Williamsburg Co. S. C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belinda X Brown

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

midwife Sallers, Dept. S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed March 1916 (28) Albert R. Moseley 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.

M.E.—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.