

## (1) PLACE OF BIRTH

County of

Charleston

Township of

In Town of

City of

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

2) Full Name of Child

(1) BOY OR GIRL?

Girl

(2) Two or Triplet?

No

(3) Number in order of birth

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(4) Are Parents Married?

No

(5) DATE OF BIRTH

Nov. 29<sup>th</sup> 1923

(6) Name of Month (Day) (Year)

Nov. 29<sup>th</sup> 1923

(7) FULL NAME

John Green

(8) PRESENT POSTOFFICE OF FATHER

106 Smith St.

(9) COLOR OR RACE

C

(10) AGE AT LAST BIRTHDAY

29

(11) BIRTHPLACE

Charleston, S.C.

(12) OCCUPATION

Carpenter

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

3

(14) NAME BEFORE MARRIAGE

Florence Bennett

(15) PRESENT POSTOFFICE OF MOTHER

127 Smith St.

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

..... 1923

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(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark.)

(26) Signed

12/4/23

(27) J. Morris

When there was no attending physician or midwife, then the father, householder, etc., should make this return, as a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.