

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of Du

or

Inc. Town of

or

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

88510

Registration District No. 600 Registered No. 115-A

(For use of Local Registrar)

(2) Full Name of Child Ross Green

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 5, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Nathan Green(9) PRESENT POSTOFFICE OF FATHER Seabrook S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Seabrook S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { one }

## MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Williams(15) PRESENT POSTOFFICE OF MOTHER Seabrook S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Seabrook S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { three }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born alive at Seabrook S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah P. P.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seabrook S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Edw. D. P.

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

(27) Filed 11/18, 1916

(28)

Local Registrar Wm. Davis

\*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.

McGraw-Hill of Columbia.