

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.

(1) PLACE OF BIRTH

County of Transylvania
 Township of Pratts
 or
 Inc. Town of Cay Branch
 or
 City of Pratts

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

File No.—For State Registrar Only
49462

Registration District No. 2403 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child

James Green

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE BIRTH February 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dr. Green

(9) PRESENT POSTOFFICE OF FATHER McPherson St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Beulah Wright

(15) PRESENT POSTOFFICE OF MOTHER McPherson St.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (Years)

(18) BIRTHPLACE A.C.

(19) OCCUPATION Child Work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Pratts on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.) 5:00 P. M.

(23) (Signature) Beulah Wright

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McPherson St.

Given name added from a supplemental report

..... 191.....

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 Registrar

(26) Witness L. J. Burson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed February 19, 1916 (28) J. B. McPherson
 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.