

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		55946	
Township of <u>XXXX</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of <u>XXXX</u>		Registration District No. <u>2105</u>		Registered No. <u>19</u>	
City of <u>XXXX</u>		(No. <u>XXXX</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Sl. <u>XXXX</u> Ward <u>XXXX</u>			
(2) Full Name of Child <u>John S. Green</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8-8-18</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Green</u>			(14) NAME BEFORE MARRIAGE <u>May Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Osceola S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Osceola</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Rome S.C.</u>			(18) BIRTHPLACE <u>Rome S.C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Living at</u> (Born alive or stillborn) (Hour A. M. or P. M.) <u>10 A.M.</u> on the date above stated.					
(23) (Signature) <u>James E. Ballin</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Rome S.C.</u>					
(26) Witness <u>W. E. Ballin</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Apr 22 1918</u> (28) <u>J. M. McCracken</u> Local Registrar					
Given name added from a supplemental report <u>XXXX</u> 191 <u>XXXX</u> 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.