

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

88846

Registration District No. 905 Registered No. 127
 (For use of Local Registrar)

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

(2) Full Name of Child Sadie Bell Green

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Green
 (9) PRESENT POSTOFFICE OF FATHER Mullet Hall
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Allen
 (15) PRESENT POSTOFFICE OF MOTHER Mullet Hall
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31
 (18) BIRTHPLACE Johns Isl
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Brightman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Mullet Hall

Given name added from a supplemental report

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

(27) Filled Jan 9 1917 (28) W. C. Mills 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.