

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 3.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Christ Church
 or Dwight
 Inc. Town of Dwight
 City of Dwight

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27529

Registration District No. 901 Registered No. 110
 (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 Richard 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Oscar Green
 (9) PRESENT POSTOFFICE OF FATHER Dwight, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE Dwight, S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Three

MOTHER
 (14) NAME BEFORE MARRIAGE Victoria Reed
 (15) PRESENT POSTOFFICE OF MOTHER Dwight, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Year)
 (18) BIRTHPLACE Dwight, S.C.
 (19) OCCUPATION Home work
 (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 Alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Suratha Green
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Dwight, S.C.

(Given name added from a supplemental report)

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

(27) Filed Sept 15, 1923 (28) J. H. Kinsey 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