

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Calhoun  
 Inc. Town of .....  
 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

741

Registration District No. 1391... Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child Rosa Green

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

(3) SEX OF CHILD girl (4) Type of Infant To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 12, 1923  
 (Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Green  
 (9) PRESENT RESIDENCE OF FATHER Pinewood S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Green  
 (15) PRESENT RESIDENCE OF MOTHER Pinewood S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1

(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 Aline at 8 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Brown

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 22, 1923 (28) C. S. Livingston Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.