

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
Township of Maryland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54108

Inc. Town of Registration District No. 4307 Registered No. 7
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Rodanas Green } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
				<u>Apr. 12, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Green</u>			(14) NAME BEFORE MARRIAGE <u>Lily Whites</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Morrisville SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Morrisville SC.</u>	
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Morrisville Se. Carol.</u>			(18) BIRTHPLACE <u>Se. Carol.</u>	
(13) OCCUPATION <u>Turner</u>			(19) OCCUPATION <u>House Work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. M.
on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. E. Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Morrisville, SC.

Given name added from a supplemental report

John E. Green 1916
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/21/16 1916 (28) R. E. Green
Local Registrar

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.

*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.