

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 6.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of Trinity Church

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

41357

Registration District No. 901

Registered No. 103

(For use of Local Registrar)

(2) Full Name of Child

Willy Green

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

one

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 13, 22

FATHER.

(8) FULL NAME

Wm. H. Green

(9) PRESENT POSTOFFICE OF FATHER

1111 Pleasant

(10) COLOR OR RACE

Nigger

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Wm. H. Green

(15) PRESENT POSTOFFICE OF MOTHER

1111 Pleasant

(16) COLOR OR RACE

Nigger

(17) AGE AT LAST BIRTHDAY

16

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

house work

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

one

(21) Number of children of this mother now living, including present birth

one

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.

(23) (Signature)

Louisa Kirk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

1111 Pleasant

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec 30, 22

Registrar

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.