

Form No. 10.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH CAPS AND INK.—THIS IS A PRELIMINARY FORM.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mail the McCaw, of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of BeaufortTownship of Helenaor
Inc. Town ofor
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
63228Registration District No. 604Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Elvise Green

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

(3) BOY OR GIRL
Female

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?
No

(7) DATE OF BIRTH

6 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Legitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE
Levina Green(15) PRESENT POSTOFFICE OF MOTHER
Beaufort SC(16) COLOR OR RACE
Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE
Beaufort Co(19) OCCUPATION
House Girl

(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 alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Thelma Chesom(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Beaufort SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6 24 1916(28) Geo Sears

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.

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