

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**72500**

(1) PLACE OF BIRTH  
County of Dorchester  
Township of Roger  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1705 Registered No. 59  
(For use of Local Registrar)

(2) Full Name of Child John Edwards 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 one (6) Are Parents Married? No (7) DATE OF BIRTH Aug 24 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME illegitimate  
(9) PRESENT POSTOFFICE OF FATHER dont know  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE dont know  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth one

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mary Green  
(15) PRESENT POSTOFFICE OF MOTHER Keensville S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Dorchester S.C.  
(19) OCCUPATION Housework  
(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 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Mary Jane Jenkins  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness J. H. Hill  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 24 1916 (28) J. M. Hunter Local Registrar

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 5.  
McCaw of Columbia.

\*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.