

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peeples

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

File No. For State Registrar Only

77481

Inc. Town of Registration District No. 2407 Registered No. 198
 or
 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 Bula Green { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 26, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>George Green</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Grant</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hampton RFD</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton RFD</u>
(10) COLOR OR RACE <u>Cold</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Cold</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Hampton Co</u>	(18) BIRTHPLACE <u>Colleton Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House & field work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 M., (Born alive or stillborn) (Hour M. or P. M.)
 on the date above stated.
 (23) (Signature) Katie Walker (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Brunson RFD, SC

Given name added from a supplemental report

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

(27) Filed Sept 30 1916 (28) H. W. Rogers 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.

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.

McGraw-Hill, Columbia.