

(1) PLACE OF BIRTH

County of Harfield Co.Township of # 5

Inc. Town of

City of Mount Hill S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Kate Busters Green If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME St. Johns Green(9) PRESENT POSTOFFICE OF FATHER Mount Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Harfield Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lokey Barker(15) PRESENT POSTOFFICE OF MOTHER Mount Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Harfield Co S.C.(19) OCCUPATION H. wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. M. Cantley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mount Hill S.C.

Given name added from a supplemental report

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

(27) Filed Dec 23 1915 (28) W. T. Leves 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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