

(1) PLACE OF BIRTH

County of SumterTownship of Shiloh

Inc. Town of

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

74933

Registration District No. 4-107 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child Calvin Green { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME McKinley Green

(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Jenifer McDowell

(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Housekeeper

(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) Ale. J. Rose

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Shiloh S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness McKinley Green
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed 8-28-16 (28) S. B. M. Edmon 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 MAINLY, 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.