

(1) PLACE OF BIRTH

County of HamptonTownship of Peoplesor nearInc. Town of Darnville

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

49435

Registration District No. 7407 Registered No. 44

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child J. Nell Green

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> <small>(to be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 18</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Abram Green(9) PRESENT POSTOFFICE OF FATHER McKells(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Almeda H Co(13) OCCUPATION farm hand (E)(20) Number of children born to mother, including present birth Three 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie May Dunbar(15) PRESENT POSTOFFICE OF MOTHER McKells(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Near Cummings H Co(19) OCCUPATION Farm hand or house keeper(21) Number of children of this mother now living, including present birth Three 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary J. Wooten and wife Darnville

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/9 1916 (28) H. 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.

WHITE 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. THIS OTHER, No. 2, etc., in question 5.
McKay, of Columbia.