

(1) PLACE OF BIRTH

County of HenryTownship of White Horseor
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

64839

Registration District No. 2507 Registered No. 190

(For use of Local Registrar)

(2) Full Name of Child Garvin Green

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe Green(9) PRESENT POSTOFFICE OF FATHER Wampus S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 71
(Years)(12) BIRTHPLACE Henry Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Louie Bell(15) PRESENT POSTOFFICE OF MOTHER Wampus S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Henry Co S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 80 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotta Bell
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wampus 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 June 30, 1916 (28) R.H. Sloan
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. H.—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.

McCraw, of Columbia.