

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Peoples

OR  
 Inc. Town of

OR  
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 2402 Registered No. 106  
 (For use of Local Registrar)  
 St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child Mellie 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Martin Green

(9) PRESENT POSTOFFICE OF FATHER Hamville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45  
 (Years)

(12) BIRTHPLACE Hampton Co

(13) OCCUPATION Farmington

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Nester McBride

(15) PRESENT POSTOFFICE OF MOTHER Hamville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Years)

(18) BIRTHPLACE Hampton Co

(19) OCCUPATION Housewife

(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 Alive at 5:10 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. Ashbury

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

Given name added from a supplemental report

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

Registrar

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

(27) Filed 6/17 1916 (28) J. 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.

McCaw, of Columbia.

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

File No. 64739 For State Registrar Only