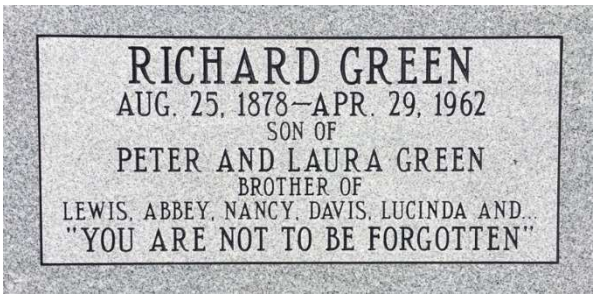
About: Richard Green



This acknowledgement is an introduction to some and a remembrance to others of my Great Grand Father, Richard Green. I briefly met him at age 11 in 1962. I will never forget seeing him with his black buggy, he would store it in the barn at my Grandmother's home in St. Matthews, SC.

My Grandma (Alfreda Green Frederick) is Richard Green's daughter; she lived approximately around the corner from the Shiloh Baptist Church where she attended as a member and is buried on those grounds.

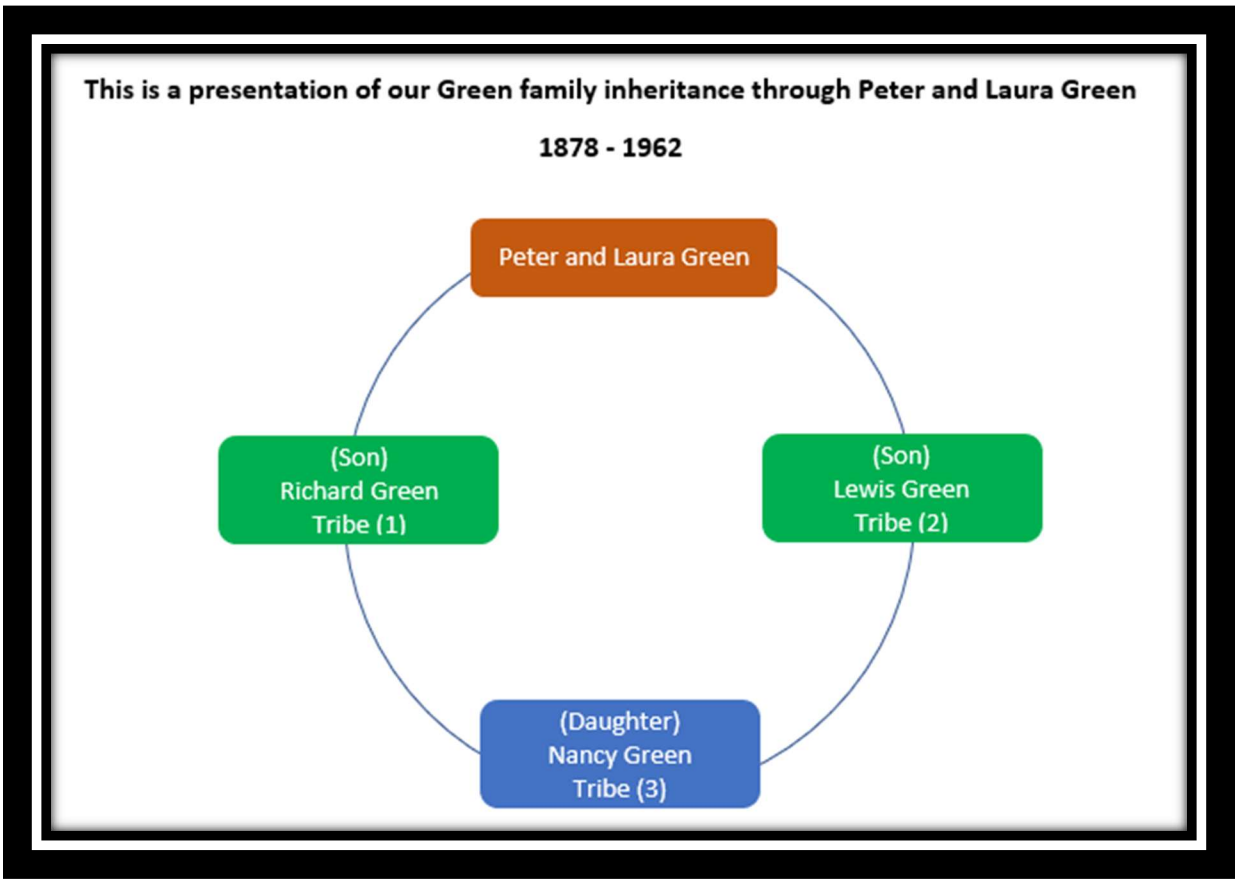
Area of Events: Amelia, Calhoun, South Carolina, United States

Occupation: Fishermen and known to have sold cane syrup

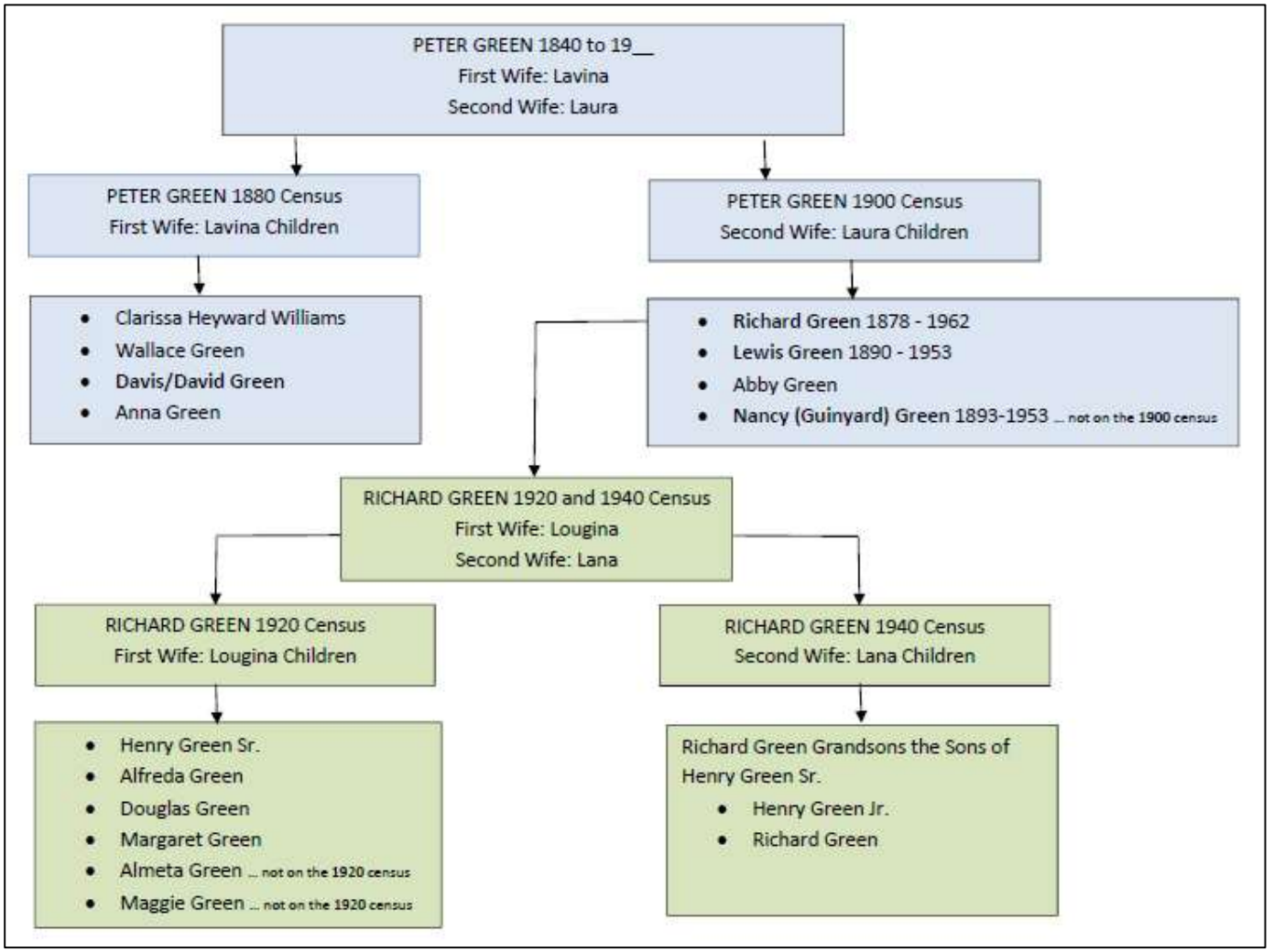
Church: Member of the Old Jerusalem Church in Fort Motte, SC

Richard Green is buried at the True-Blue Cemetery, just as you walk up the set wooden stairs with the Burial State Marker 9|13 on your left; he is a few feet inward on your right.

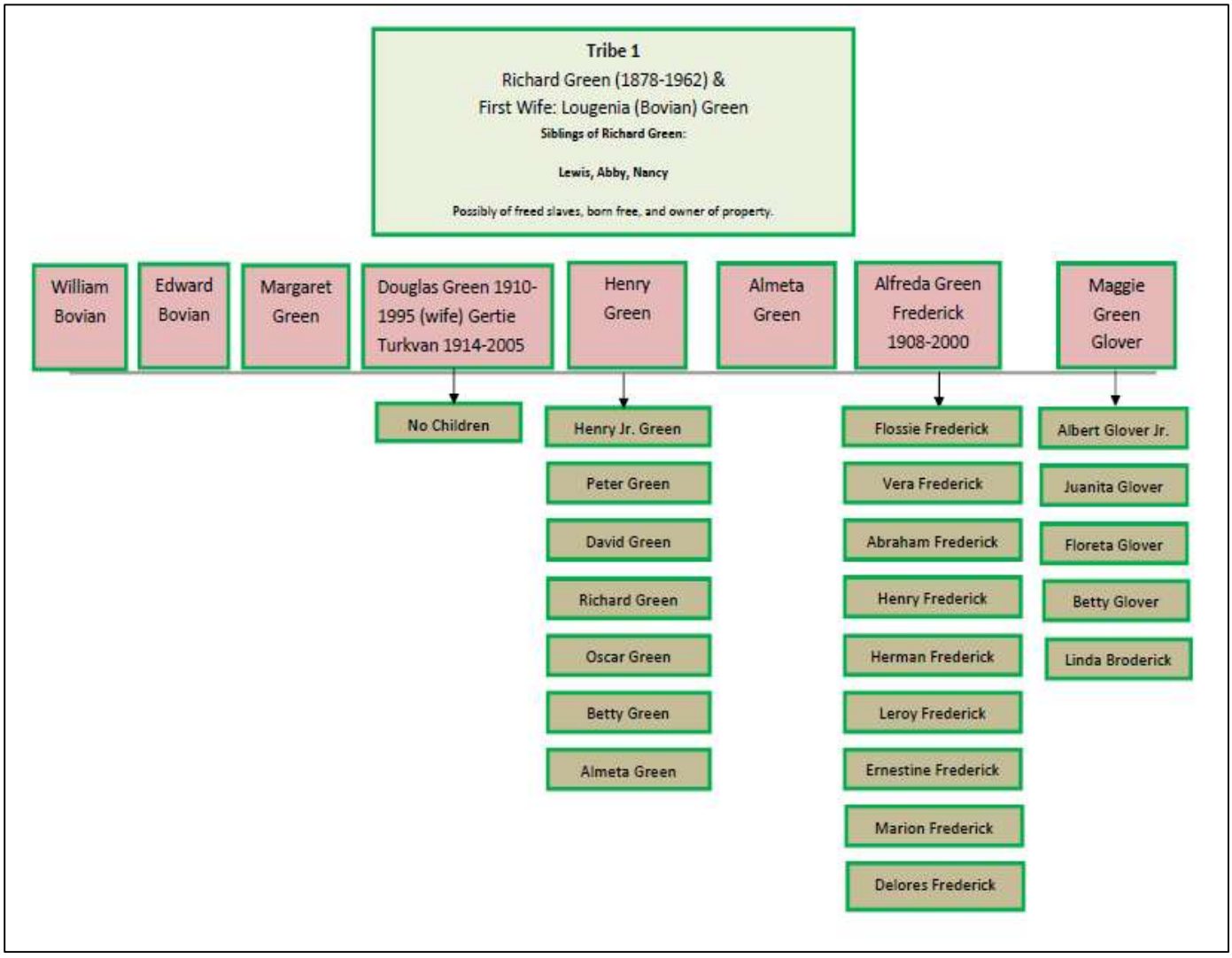
My Great Grandfather Richard Green had many siblings and children; his parents were Peter and Laura Green.



Linage of Richard Green



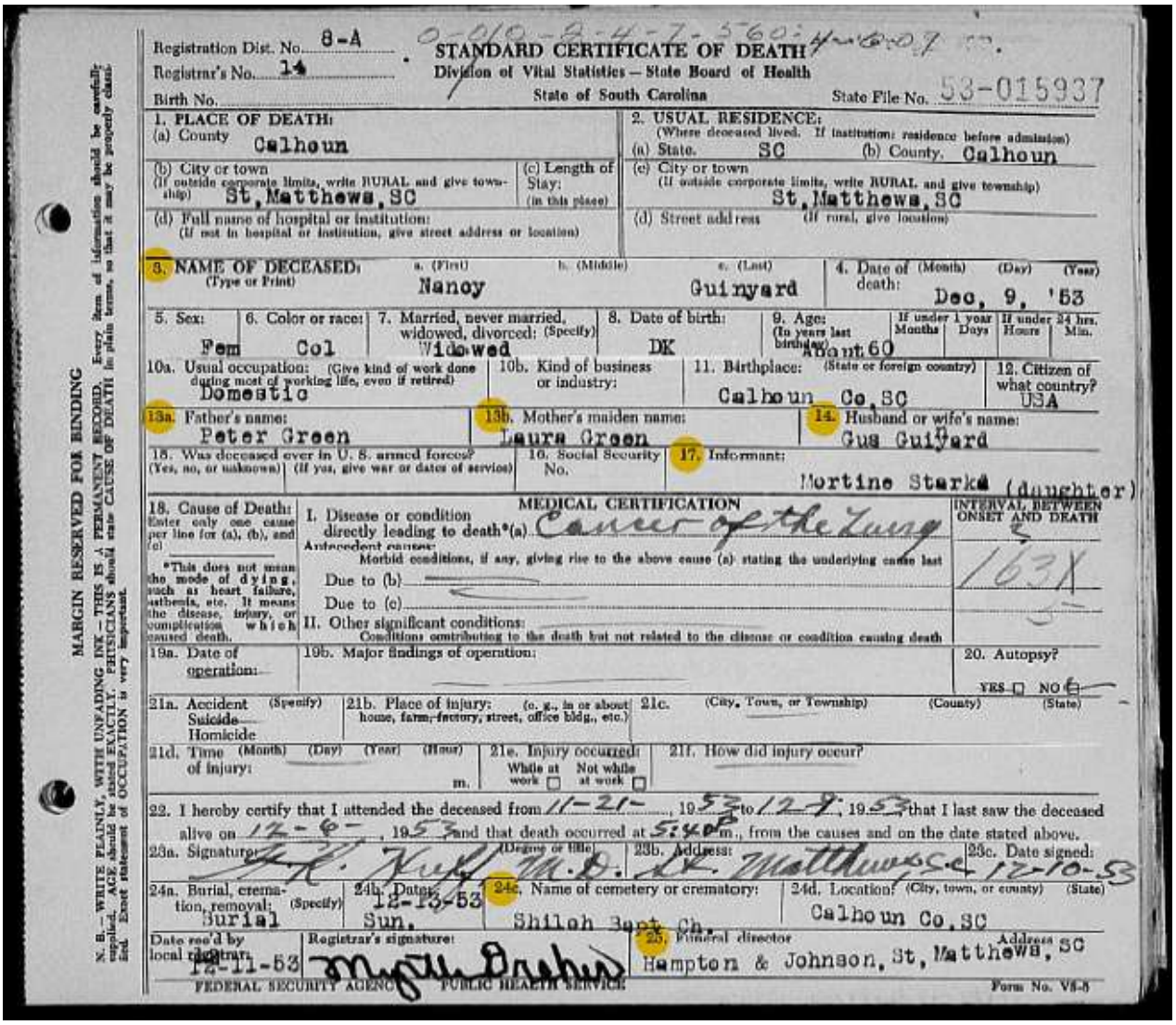
Children of Richard & Lougenia (Bovian) Green



* Richard Green Siblings were Lewis Green, Nancy (Guinyard) Green and Abby

* No information on Abby

Certificate of Death - Nancy (Guinyard) Green



Registration Dist. No. 8-A
Registrar's No. 14
Birth No.

STANDARD CERTIFICATE OF DEATH
Division of Vital Statistics — State Board of Health
State of South Carolina

State File No. 53-015937

1. PLACE OF DEATH:
(a) County: Calhoun
(b) City or town (If outside corporate limits, write RURAL and give township): St, Matthews, SC
(c) Length of Stay: (in this place)
(d) Full name of hospital or institution: (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE:
(Where deceased lived. If institution: residence before admission)
(a) State: SC (b) County: Calhoun
(c) City or town (If outside corporate limits, write RURAL and give township): St, Matthews, SC
(d) Street address (If rural, give location)

3. NAME OF DECEASED: (Type or Print) a. (First) Nancy b. (Middle) c. (Last) Guinyard
4. Date of death: (Month) Dec, (Day) 9, (Year) '53
5. Sex: Fem
6. Color or race: Col
7. Married, never married, widowed, divorced: (Specify) Widowed
8. Date of birth: DK
9. Age: (In years last birthday) About 60 If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. Usual occupation: (Give kind of work done during most of working life, even if retired) Domestic
10b. Kind of business or industry:
11. Birthplace: (State or foreign country) Calhoun Co, SC
12. Citizen of what country? USA
13a. Father's name: Peter Green
13b. Mother's maiden name: Laura Green
14. Husband or wife's name: Gus Guinyard
15. Was deceased ever in U. S. armed forces? (Yes, no, or unknown) (If yes, give war or dates of service)
16. Social Security No.
17. Informant: Mortine Starks (daughter)

18. Cause of Death: Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. Disease or condition directly leading to death*(a) Cancer of the Lung
Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
Due to (b)
Due to (c)
II. Other significant conditions: Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH: 2 / 163X

19a. Date of operation:
19b. Major findings of operation:
20. Autopsy? YES ☐ NO ☐

21a. Accident (Specify) Suicide Homicide
21b. Place of injury: (e. g., in or about house, farm, factory, street, office bldg., etc.)
21c. (City, Town, or Township) (County) (State)
21d. Time of injury: (Month) (Day) (Year) (Hour) m.
21e. Injury occurred: While at work ☐ Not while at work ☐
21f. How did injury occur?

22. I hereby certify that I attended the deceased from 11-21-, 1953 to 12-9-, 1953 that I last saw the deceased alive on 12-9-, 1953 and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. Signature: H. L. Nuckles (Degree or title) M.D. 23b. Address: St. Matthews S.C. 23c. Date signed: 12-10-53

24a. Burial, cremation, removal: (Specify) Burial
24b. Date: 12-13-53 Sun.
24c. Name of cemetery or crematory: Shiloh Bapt Ch.
24d. Location: (City, town, or county) (State) Calhoun Co, SC

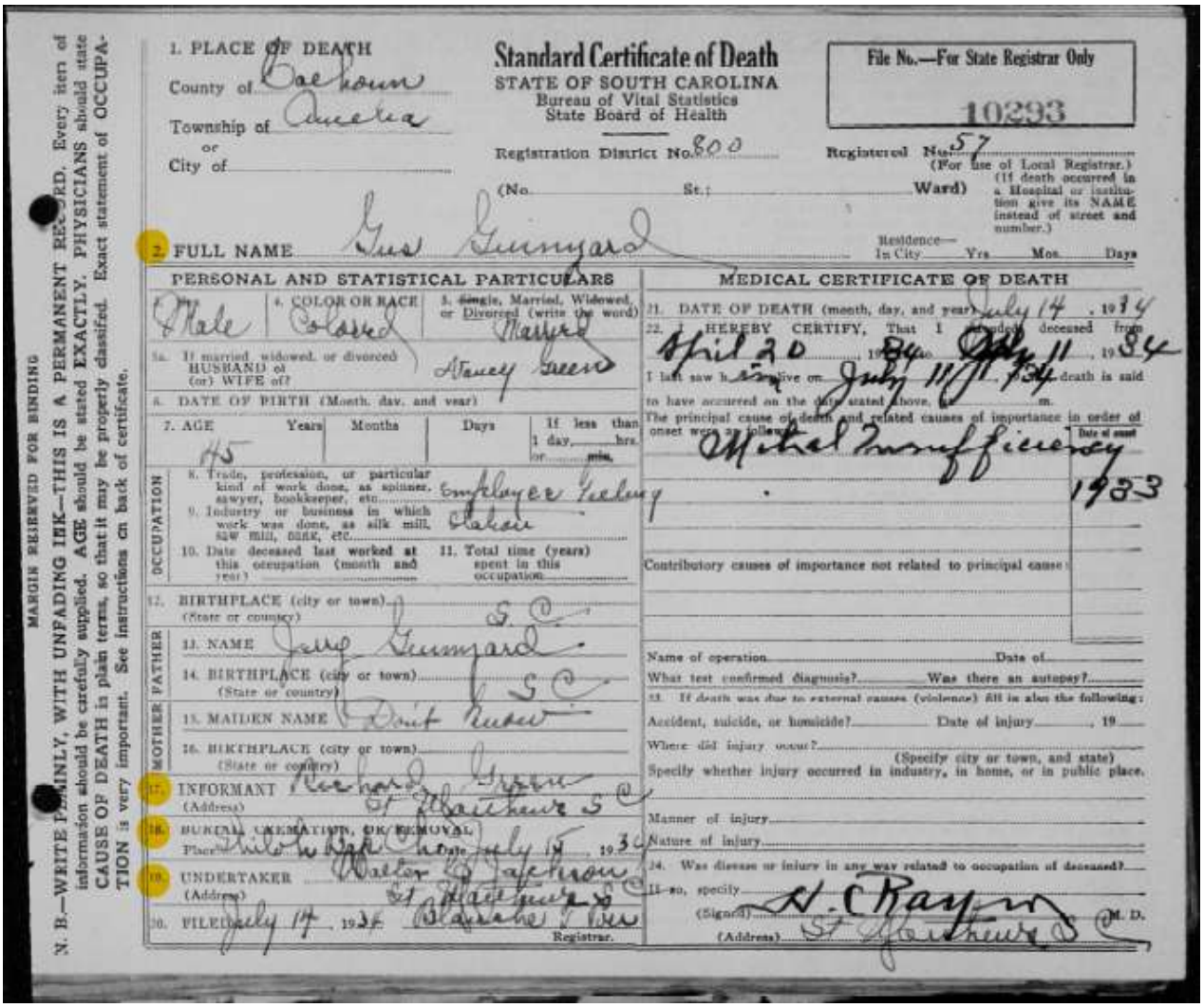
Date rec'd by local registrar: 12-11-53
Registrar's signature: Myrtle Brabham
25. Funeral director: Hampton & Johnson, St, Matthews, SC
Address

FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE
Form No. VS-5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. ALL should be spelled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

Richard Green Signature



Standard Certificate of Death
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
10293

1. PLACE OF DEATH
County of Calhoun
Township of Ameila
or
City of

Registration District No. 800
Registered No. 57
(For use of Local Registrar.)
(If death occurred in a Hospital or institution give its NAME instead of street and number.)
(No. St.; Ward)

2. FULL NAME Gus Gumyard
Residence—In City Yrs Mos Days

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. COLOR OR RACE: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Nancy Green
6. DATE OF BIRTH (Month, day, and year)
7. AGE: Years 45 | Months | Days | If less than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee Factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER
13. NAME: Jeff Gumyard
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Dink Rucker
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Richard Green
(Address): St Matthews S C

18. BURIAL, CREMATION, OR REMOVAL
Place: Mile Branch Date: July 15, 1934

19. UNDERTAKER: Walter D Jefferson
(Address): St Matthews S C

20. FILED: July 17, 1934 Blanche T Dew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to July 11, 1934
I last saw him alive on July 11, 1934 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Mitral Insufficiency	1923

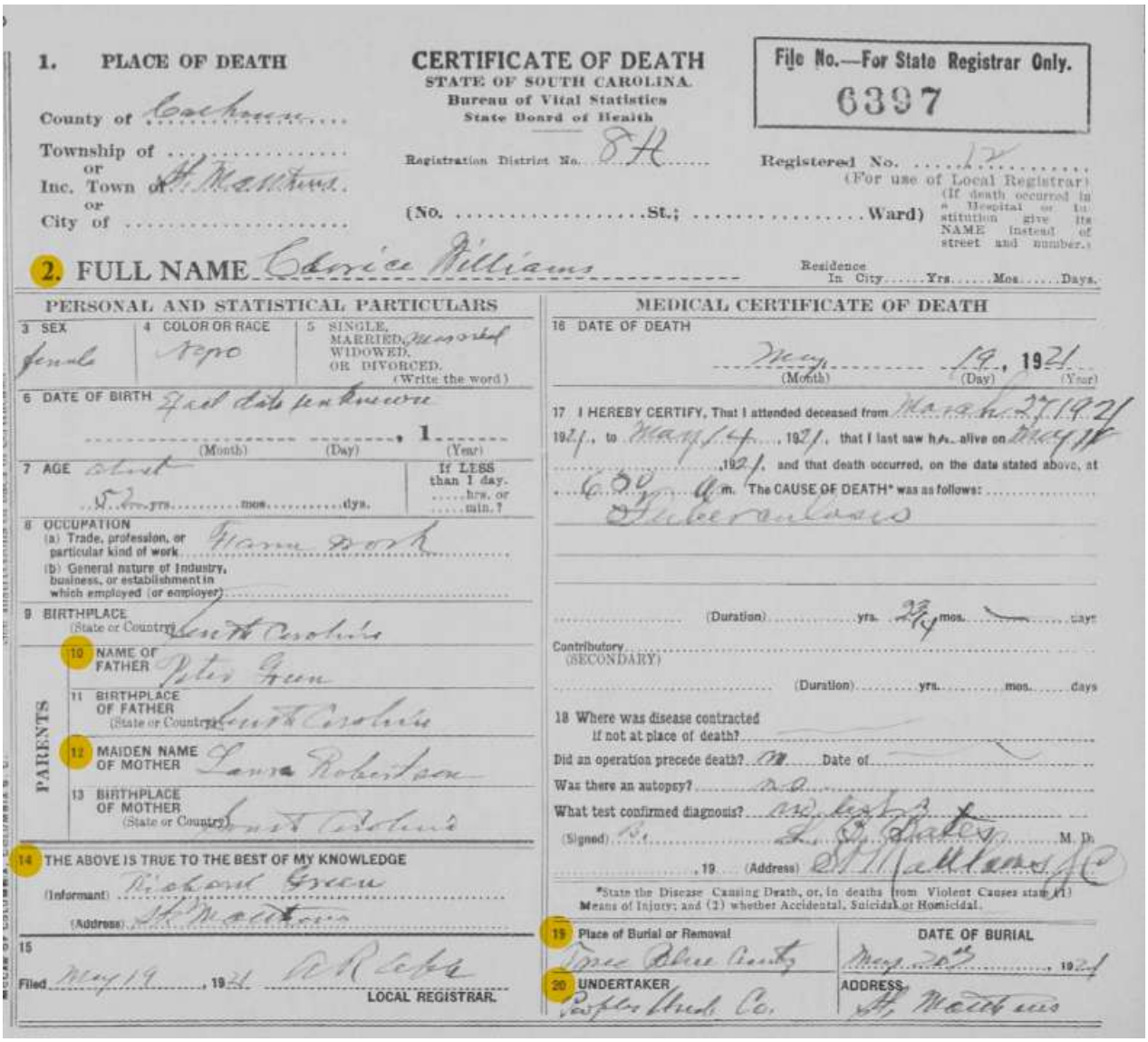
Contributory causes of importance not related to principal cause:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) W. C. Rayn M. D.
(Address) St Matthews S C

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Peter and Richard Green Signatures



1. PLACE OF DEATH

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

File No.—For State Registrar Only.
6397

County of Charleston
Township of
or
Inc. Town of N. Charleston
or
City of

Registration District No. 8 H
Registered No. 17
(For use of Local Registrar)
(No. St.; Ward)
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME Edwin Williams
Residence In City Yrs. Mos. Days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word): married

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 52 yrs. mos. dys.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farm Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or Country): South Carolina

PARENTS
10 NAME OF FATHER: Peter Green
11 BIRTHPLACE OF FATHER (State or Country): South Carolina
12 MAIDEN NAME OF MOTHER: Lena Robertson
13 BIRTHPLACE OF MOTHER (State or Country): South Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Richard Green
(Address): N. Charleston

15 Filed May 19, 1924 A R Cobb LOCAL REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 19 (Day), 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 7 1924 to May 14, 1924, that I last saw h.. alive on May 14 1924, and that death occurred, on the date stated above, at 6.50 p. m. The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) yrs. 2 mos. days

Contributory (SECONDARY)
(Duration) yrs. mos. days

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & X-Ray
(Signed) L. D. Bates M. D.
19 (Address) N. Charleston S.C.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

19 Place of Burial or Removal: Pine Grove Cemetery — DATE OF BURIAL: May 20 1924
20 UNDERTAKER: Taylor Funeral Co. — ADDRESS: N. Charleston

In Search of the Henry Green Sr. Family, son of Richard Green

Parents: Henry Green Sr. and Mary Wilson

- Sons of Henry Green Sr. and Mary
  - Wilson:
  - Henry Jr. Green,
  - Peter Green,
  - David Green,
  - Richard Green,
  - Oscar Green
- Daughters of Henry Green Sr. and Mary
  - Wilson
  - Betty Green Rembert
  - Almeta Green Davis