


# Nancy White Green



Born Hilton Head

Buried in Amelia White' s  
Cemetery Hilton Head, South Carolina  
Married to Benjamin Green, Sr.



Richard and Amelia White  
Nancy and Benjamin Green

## Richard and Amelia White

Richard was born about 1842 to Middleton and Millie on the Stoney plantation where we now live. He had an older brother name Middleton after his father but it was change to Milton, and two other brothers' name John and Lucius. Richard didn't use the slave masters last name like the rest of his family he change his to White.

In 1861 the union fleet attack on the Confederate Forts Walker (on Hilton Head) and Beauregard (at Bay Point on St. Phillips Island) the battle lasted one day and the Confederate forces retreated, leaving the Beaufort area to the Union forces. This battle was the beginning step, Sea island blacks would take down the long road to freedom. When the Union Army came to Hilton Head and occupied Fort Walker members of our family was a part of that occupation. This was history in the making. In April of 1862 a military order was issued freeing the blacks in the Sea Islands. This is before Mr. Lincoln wrote the emancipation proclamation officially making the slaves freedmen.

Richard's older brother Milton enlisted in the Army on April 23, 1863 in Company B, 21 Regiment US Colored Infantry. A year later Richard enlisted on April 24, 1864 as a corral in Battery G

2<sup>nd</sup> Regiment U.S. Colored Artillery. He was discharge from the Army on Aug. 12<sup>th</sup> 1865, due to an injury.

Amelia was born about the year 1843 to Moses and Nancy on a plantation in St. Luke Parish, what is now Port Royal Beaufort. The family took the last name of Howard after one of their slave master. Amelia and other slaves were brought to Hilton Head when Middleton Stuart came to married the owner of Stoney plantation. Richard and Amelia first married by jumping the broom, but later they were married by Rev. Abraham Murchinson in the First African Baptist Church at Mitchelville in Oct. 1866. In an affidavit Amelia states that she had four children by Richard, Amy born in 1861, Violet born in 1868, Nancy born in 1870 and one died.

In June of 1883 Richard filed a claim for pension with the Treasury Department, Second Auditor's Office, in Washington by G.E. Becker. The claim that Richard filed was for injury he received while in the Army. He lost the first joint of his little finger on the right hand from an accidental gun shot. But he got the pension for a disease of the right lung, palsy of left side of the head and impaired sight of the left eye. He also suffered from weakness in the back. In 1865 he was on guard duty when a heavy rain shower came up wetting his cloth through. He was

obliged to continue on guard duty with his wet clothes until relieved. From this he got a severe case of Pneumonia which turns into Rheumatism and disease of the right lung. On Dec.19, 1887 he start receiving a pension of \$2.00 per month. In that same year Richard and Amelia purchased 60 acres of property from the Stoney and Old Field plantation. We have a tax receipt dated December 13, 1887 for \$4.28.

Richard died on Feb.14, 1894, that same year Amelia filed for his pension. Ten or more friends had to give an affidavit that they knew Richard and Amelia for about 30 or more years, and were at their wedding in 1866. When she starting getting his pension she got about \$300.00 and then \$8.00 per month. She paid each witness \$.50 and Mr. Brown \$12.00.

## Nancy and Benjamin Green

Nancy was born in January of 1867 and died May 1915. Ben was born in 1870 to Abram Green and Rosina Hamilton. He had

Two older sisters Rosa and Lucy three younger siblings a Brother Glasgow, Sister Martha and another brother William. There may be more but this was according to 1880 census.

Nancy and Ben were married in 1892 and had 15 children. She had two before marriage, Joseph (IKEE) and Emma (IDA).

Richard, Victoria (MAGGIE), John, Arthur, Amelia, Estella, Eliza,

Toy, Blaney, Clifford, Abraham (TEDDY), Bubsy, Charles, Rosemary, Mattie. Nancy died in May of 1915 one month after given birth to Mattie of malaria fever. Two month later Ben Green died of tuberculosis, Mattie was raise by her grandmother and older sister Emma. Amelia died in Oct. 2, 1926 of old age.

The two daughters of Richard and Amelia, Amy and Violet there Is no information on them also Amelia and Rosemary Nancy's two daughters the same thing no information. Richard Green died at age 16, a few of the boys drown and two were killed, the rest of them died very young.



# Family History

Richard and Amelia White

Nancy White

Joseph White and Edna Fields

JOSEPH Jr. (Joe)---Joseph(Joe Joe), David, Curtis

VIOLA---Margie, Judy, Sandra

CHARLES (BOBBY)---Viola, Angel, Latrail, Eric

EARL

Nancy (SARAH)—Patricia, Shirley, Ellis, Gail, Larry, Linda,  
Yvonne, Annette, Latouchia

Rebecca (Maybell)—Janise M., Jocelyn

Moses (Sonny)---Darren, Daphne, Daura



Richard and Amelia White

Nancy White

Emma (Ida) White

Viola (Virgania)—Earline , Harold, Willie, Idamae, Henry

Ella Murray and Earnis

Alice Miller and Joseph—Wilhmena, Dorthay,  
Albertha(Essie), Joseph Jr, Violet, Isabella, Lottie, Henry,  
Delores

Nancy(Mamie) Whittman and Urias—Zandra, Nancy

Leizie Lee Bell and Eddie Bell—Louise, Eddie Jr, Diane

Edward Fuller—Barbara Ann

Baby White

Albertha Stewart and Henry—Charles, Anniemae,  
Henretta, Henry Jr, Mary, Cora Lee

Rosa Lee Bryan—Melvadine, Richard

Richard and Amelia White

Nancy White and Benjamin Green

Victoria (Maggie) Green and Willie Driessen

Abraham and Flossie—Hoover, Robert Lee, Peraliemae

Lottie Robinson and Freedman

Henry and Alice Robertson—Richard, Henry Jr.,

William, Mary, Idamae, Margie, Bernard, Daniel

Benjamin and Carrie Bell Hamilton—Willie,

Robert, Geniva, Benjamin, Rosamae, Delorse, Mary, Pamalia

Jacob and France Drayton—Jacob Jr., Joseph, Russell,

Joyce Marie, Audrey, Mary L., Esther mae, Curtis, Barbara

Estella Dunmore and George Sr.---George Jr.

Rosa Lee Champen and Charles---Arthur

Victoria (Maggie) and Oscar Kinlaw

James and Jossie Washington---Alvin, Reggie, Rita

Denise, Karen, Marcus

Rosa Lee Blake and Dolphus—Rosalind V, Marilyn

Richard and Amelia White  
Nancy and Benjamin Green

Arthur and Gallie Smith

John and Ethel—Louise, Henry, Glenn, Delores, John R.

Richard and Amelia White

Nancy White and Benjamin Green

Estella Green

Benjamin Green Sr

Benjamin Jr., Delores, Cove Verdry

Richard and Amelia White

Nancy White and Benjamin Green

Abraham Green and Margret Reed

Arthur and Joann—Margaret, Jenny, Bessie, Arthur Jr.

Nancy, Mahaila, Abraham

Richard and Amelia White  
Nancy and Benjamin Green

**MATTIE GREEN**

Benjamin and Ruby Maria---Sheldon

1. PLACE OF DEATH

County of Blount  
 Township of Wilton Head NC  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

CERTIFICATE OF DEATH

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

Registration District No. 602  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No.—For State Registrar Only  
17812

Registered No. 15  
 (For use of Local Registrar)  
 (If death occurred in a Hospital or Institution give its NAME instead of street and number.)  
 Residence—  
 In City \_\_\_\_\_ Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Days \_\_\_\_\_

2. FULL NAME Amelia White

PERSONAL AND STATISTICAL PARTICULARS

1. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE Single  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

6. DATE OF BIRTH \_\_\_\_\_  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7. AGE 80 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ yrs. \_\_\_\_\_  
 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8. OCCUPATION  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
House work

9. BIRTHPLACE (State or Country) S.C.

PARENTS  
 10. NAME OF FATHER \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (State or Country) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (State or Country) \_\_\_\_\_

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Char Traylor  
 (Address) Wilton Head NC

15. FILED  
4 Oct 1926 J. Hudson  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 2 1926  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_  
 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:

Age associated  
 (Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ days

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ days

18. Where was disease contracted, if not at place of death? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) \_\_\_\_\_

19. \_\_\_\_\_ 19\_\_\_\_ (Address) \_\_\_\_\_

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

20. Place of Burial or Removal Wilton Head NC DATE OF BURIAL 4 Oct 1926

21. UMBRELLA Char Traylor ADDRESS Wilton Head NC

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.)



FORM NO. 10

**CERTIFICATE OF DEATH**

File No.—For State Registrar Only

8170

**1. PLACE OF DEATH**

County of Beaufort  
 Township of Hiltonhead  
 or Inc. Town of \_\_\_\_\_  
 or City of \_\_\_\_\_

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

Registration District No. 602

Registered No. 104  
 (For use of Local Registrar)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

**2. FULL NAME Nancy Green**

Residence In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. married  
 (Write the word)

6 DATE OF BIRTH \_\_\_\_\_ 1867  
 (Month) (Day) (Year)

7 AGE 48 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys. If LESS than 1 day. \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or Country) S. C.

10 NAME OF FATHER Richard White

11 BIRTHPLACE OF FATHER (State or Country) S. C.

12 MAIDEN NAME OF MOTHER Amelia White

13 BIRTHPLACE OF MOTHER (State or Country) S. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joseph White

(Address) Hiltonhead S.C.

May 24, 1915 W. D. Brown  
 LOCAL REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 23, 1915  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1915 to \_\_\_\_\_ 1915, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 1915, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows:

Malarial Fever  
38

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys.

(Signed) \_\_\_\_\_ M. D.

\_\_\_\_\_ 1915 (Address)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ dys. Where was disease contracted, \_\_\_\_\_

If not at place of death? \_\_\_\_\_ Former or usual Residence \_\_\_\_\_

19 Place of Burial or Removal Hiltonhead S.C. DATE OF BURIAL May 24, 1915

20 UNDERTAKER W. D. Jones ADDRESS Hiltonhead S.C.

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# SOUTH CAROLINA DEATH RECORDS, 1821-1955

**BENJAMIN GREEN**

DEATH DATE: 14 JUL 1915  
 AGE AT DEATH: 45 YEARS  
 BORN: 1870  
 GENDER: MALE  
 COLOR: NON-WHITE (WHITE)  
 COUNTY OF DEATH: BEAUFORT  
 CERTIFICATE NUMBER: O12946

Form No. 10.

## CERTIFICATE OF DEATH

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

1. PLACE OF DEATH  
 County of Beaufort  
 Township of Hiltonhead  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No.—For State Registrar Only  
12946

Registered No. 23  
 (For use of Local Registrar)

2. FULL NAME Benjamin Green Residence \_\_\_\_\_  
 In City 15 Yrs. Mos. Days.

3. PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED.	(Write the word)
<u>M</u>	<u>W</u>	<u>Widowed</u>	<u>Widowed</u>

4. DATE OF BIRTH 1870  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

5. AGE 45  
 yrs. mos. days. If LESS than 1 day \_\_\_\_\_ hrs. or min.?

6. OCCUPATION  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)

7. BIRTHPLACE (State or Country) S.C.

8. NAME OF FATHER Abram Green

9. BIRTHPLACE OF FATHER (State or Country) S.C.

10. MAIDEN NAME OF MOTHER Rosina Hamilton

11. BIRTHPLACE OF MOTHER (State or Country) S.C.

12. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Jacob Green  
 (Address) Hiltonhead S.C.

13. PLACE OF BURIAL OR REMOVAL Hiltonhead S.C. DATE OF BURIAL July 15 1915

14. UNDERTAKER H. D. Jones ADDRESS Hiltonhead S.C.

LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 14 1915  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 191\_\_ to \_\_\_\_\_ 191\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_  
 191\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ The CAUSE OF DEATH\* was as follows:  
Tuberculosis

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)  
 At place of death \_\_\_\_\_ yrs. mos. days. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. mos. days.  
 Where was disease contracted, \_\_\_\_\_  
 If not at place of death? \_\_\_\_\_  
 Former or usual Residence \_\_\_\_\_

19. CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. mos. days.  
 (Signed) \_\_\_\_\_ M. D.  
 \_\_\_\_\_ (Address)

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

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.

1. PLACE OF DEATH

County of Beaufort  
Township of Wilton Heads, S.C.  
or  
City of \_\_\_\_\_

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

File No.—For State Registrar Only  
**10969**

Registration District No. \_\_\_\_\_ Registered No. 11  
(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(For use of Local Registrar.)  
(If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME Emma White  
Residence—  
In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Blk 5. Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

6. DATE OF BIRTH (Month, day, and year) \_\_\_\_\_  
7. AGE 45 Years Months Days If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, house-work, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

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.

13. NAME JIMMIE AILEY

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) S.C.

15. MAIDEN NAME Nancy Ellen White

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) S.C.

17. INFORMANT \_\_\_\_\_ (Address) Wilton Heads, S.C.

18. BURIAL: CREMATION, OR REMOVAL Place \_\_\_\_\_ Date \_\_\_\_\_ 19.

19. UNDERTAKER \_\_\_\_\_ (Address) Wilton Heads, S.C.

20. FILED Wilton Heads, S.C. 1951 \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1951

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ 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:

UNKNOWN

No doctor attended

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) \_\_\_\_\_ M. D. (Address) \_\_\_\_\_

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.

OCT 16, 1940

### Standard Certificate of Death

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

File No.—For State Registrar Only  
10571

1. PLACE OF DEATH  
 County of Beaufort  
 Township of Hilton Head Sc  
 City of \_\_\_\_\_ (No) \_\_\_\_\_ St.; \_\_\_\_\_ Ward  
 Home Address Hilton Head  
 Residence— In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

2. FULL NAME Estelle Green

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (Month, day, and year)

7. AGE Years 39 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. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hilton Head Sc  
 (State or Country)

MOTHER FATHER

13. NAME Ben Green

14. BIRTHPLACE (city or town) Hilton Head Sc  
 (State or Country)

15. MAIDEN NAME Nancy Green

16. BIRTHPLACE (city or town) Hilton Head Sc  
 (State or Country)

17. INFORMANT Walter Green  
 (Address) Hilton Head Sc

18. BURIAL, CREMATION, OR REMOVAL  
 Place Hilton Head Date July 30 1940

19. UNDERTAKER Walter Green  
 (Address) Hilton Head Sc

20. FILED July 1940  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date started above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance in order of onset were as follows:

X Unknown

Was this death due to pregnancy or to childbirth? If so, yes  
 state which \_\_\_\_\_

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 or deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) \_\_\_\_\_

10/12/17 ✓

Form No. 10

1. PLACE OF DEATH  
County of Beaufort  
Township of ...  
or  
Inc. Town of ...  
or  
City of ...

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

File No.—For State Registrar Only.  
**14354**

Registration District No. 6A  
(No. ... St. ...)

Registered No. ...  
(For use of Local Registrar)  
(If death occurred in a Hospital or in a (Ward) institution give the NAME (number of street and number.)  
Residence: In City ... Twp. ... Hse. ... Days ...

2. FULL NAME Arthur Green

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH 1896  
(Month) (Day) (Year)

7 AGE 21  
IF LESS than 1 day, ... hrs. or ... min. ?

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

9 BIRTHPLACE (State or Country) Beaufort County

10 NAME OF FATHER Ben Green

11 BIRTHPLACE OF FATHER (State or Country) Beaufort County

12 MARRIED NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (State or Country) Beaufort County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Signature) Michael L. Summons  
(Address) Paris Island

15 Place of Death by Registrar ... DATE OF ISSUE Aug 22 1917  
LOCAL REGISTRAR J. H. Colby

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 21 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I am a duly qualified physician, and that I last saw the deceased Aug 20 1917  
3 hours before death and that death occurred on the date stated above, at about 12:30 P.M.

The CAUSE OF DEATH was as follows:  
They shot wounds through abdomen, death being due to infection shot by Green's gang.

18 (a) Name of Physician (Signature) M. J. Colwell  
(Address) Beaufort S.C.  
(Date) Aug 21 1917

19 State the Direct Cause of Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

20 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)  
At place of death ... in the ... of ...  
Where the disease manifested ...  
Place of residence ...  
Former ...  
and ...

21 Place of Burial by Registrar Hills Road S.C. DATE OF BURIAL Aug 23 1917

22 UNDERTAKER ... ADDRESS ...

...

...

...

...

...



# Richard's Military Record

W | 2 L. Art'y. | U.S.C.T.

*Richard White*

Appears with rank of *Private* on

Muster and Descriptive Roll of a Detachment of U. S. Vols. forwarded

for the *2d U. S. C. St. Art'y.* Roll dated

*Hilton Head S. C. April 25, 1864.*

Where born *South Carolina*

Age *24* yrs; occupation *laborer*

When enlisted *April 23, 1864.*

Where enlisted *Hilton Head S. C.*

For what period enlisted *3* years.

Eyes *Black*; hair *Black*

Complexion *Black*; height *5 ft. 4 1/2 in.*

When mustered in *April 25, 1864.*

Where mustered in *Hilton Head*

Bounty paid \$ *10.00*; due \$ *100*

Where credited .....

Battery to which assigned .....

Remarks: .....

Book mark: .....

(189)

*D. C. Taylor*

Copyright.

*W* | 2 L. Art'y. | U.S.C.T.

*Richard White*

*Corp.*, Battery G, 2 Reg't U. S. Col'd L. Art'y.

Age ..... years.

Appears on

**Battery Muster Roll\***

for ..... *to June 30* ..... 186*4*.

Joined for duty and enrolled:

When ..... *Apr. 23* ..... 186*4*.

Where ..... *Kilbuck Head S.C.* .....

Period ..... *3* years.

Mustered in:

When ..... *Apr. 25* ..... 186*4*.

Where ..... *Kilbuck Head S.C.* .....

Present or absent ..... *Present* .....

Stoppage, \$ ..... 100 for .....

Due Gov't, \$ ..... 100 for .....

Valuation of horse, \$ ..... 100 .....

Valuation of horse equipments, \$ ..... 100 .....

Remarks: *Promoted to Corp with pay*  
*from June 1 1864*

\* First current roll. No muster-in roll of this battery on file.

Book mark : .....

(858d)

*W. H. Merrill*

Copyist.



24 | 2 L. Art'y. | U.S.C.T.

*Richard White*  
Appears on Battery G, 2 Reg't U. S. Col'd L. Art'y.

for Battery Muster Roll  
*July and Aug*

Present or absent *not stated*

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks:

Book mark

*W. H. Munn* *corried*

*W* | 2 L. Art'y. | U.S.C.T.

*Richard White,*  
*Corpl., Batt'y G, 2 Reg't U. S. Col'd L. Art'y.*

Appears on Batt'y Muster-out Roll, dated  
*Wilton Head of La Aug. 12, 1865.*

Muster-out to date *Aug. 12, 1865.*

Last paid to *June 30, 1864.*

Clothing account:

*Now settled*  
 Last settled....., 186 ; drawn since \$.....100  
 Due soldier \$ *17*<sup>*50*</sup>.....100; due U. S. \$.....100  
 Am't for cloth'g in kind or money adv'd \$.....100

Due U. S. for arms, equipments, &c., \$.....100

Bounty paid \$ *10*<sup>*00*</sup>.....100; due \$.....100

Remarks: *Enrolled as Pvt.*  
*Appointed Corpl.*  
*June 1 64.*

Book mark *1868-1883 (over)*

(361) *Jenkins* Copyist.

DECLARATION OF RECRUIT.

I, Richard White desiring to VOLUNTEER as a Soldier in the Army of the United States, for the term of THREE YEARS, Do Declare, That I am 24 years and \_\_\_\_\_ months of age; that I have never been discharged from the United States service on account of disability or by sentence of a court martial, or by order before the expiration of a term of enlistment; and I know of no impediment to my serving honestly and faithfully as a soldier for three years.

GIVEN at Hutton Chapel S.C. the 23<sup>rd</sup> day of April 1864

Witness: Dr. J. E. Spangue Richard White

NOTE 1.—This blank will be used for both enlistments and re-enlistments—enlistment of veterans, &c., &c., in the volunteer service. They will be made out in duplicate in all cases—one to accompany the recruiting return of the superintendent (not the recruiting officer) to the Adjutant General, and one to accompany the accounts of the officer who pays bounty, &c. The Regiment and Company in which the soldier last served should be given on the back.

NOTE 2.—An enlistment holds to service. A muster-in must, in all cases, precede payment of pay, bounty, pension, &c. A muster-in roll must, in all cases, be filed in the Adjutant General's Office as evidence of muster-in. The mustering officer, commissary, or assistant commissary of musters, as the case may be, will countersign both enlistments as having mustered the soldier into the service of the United States before either of them is given to the disbursing officer.

Second Auditor Sep, 1st. 1892.

Discharged \_\_\_\_\_  
Boat of \_\_\_\_\_  
enlistment; last served in Company ( ) \_\_\_\_\_  
By James C. Spangue  
1st Lt. 2d Regiment of A.C.S.  
Enlistment at Wilton, S.C.  
April 23<sup>rd</sup> 1864  
Richard White  
No. 82

CONSENT IN CASE OF MINOR.

I, \_\_\_\_\_ Do CERTIFY, That I am the \_\_\_\_\_ of \_\_\_\_\_ that the said \_\_\_\_\_ is \_\_\_\_\_ years of age; and I do hereby freely give my CONSENT to his volunteering as a SOLDIER in the ARMY OF THE UNITED STATES for the period of THREE YEARS.

GIVEN at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_

Witness: \_\_\_\_\_

VOLUNTEER ENLISTMENT.

STATE OF

South Carolina



TOWN OF

Hilton Head

I, Richard White born in \_\_\_\_\_  
 in the State of South Carolina aged 24 years,  
 and by occupation a laborer Do HEREBY ACKNOWLEDGE to have  
 volunteered this 23<sup>rd</sup> day of April 1864  
 to serve as a **Soldier** in the Army of the United States of America, for  
 the period of **THREE YEARS**, unless sooner discharged by proper authority:  
 Do also agree to accept such bounty, pay, rations, and clothing, as are or may be,  
 established by law for volunteers. And I, Richard White do  
 solemnly swear, that I will bear true faith and allegiance to the **United States  
 of America**, and that I will serve them honestly and faithfully against all  
 their enemies or opposers whomsoever; and that I will observe and obey the  
 orders of the President of the United States, and the orders of the officers  
 appointed over me, according to the Rules and Articles of War.

Sworn and subscribed to, at Hilton Head  
 this 23<sup>rd</sup> day of April 1864.  
 Before James E. Grayne } Richard White  
1<sup>st</sup> Lieut. 26<sup>th</sup> Regt. U.S.A. } Mark

I CERTIFY, ON HONOR, That I have carefully examined the above-named Volunteer, ... (readably to the General Regulations of the Army, and that, in my opinion, he is free from all bodily defects and mental infirmity, which would in any way disqualify him from performing the duties of a soldier.

A. M. Shew  
Act. Capt. 26<sup>th</sup> Regt. U.S.A.  
 EXAMINING SURGEON.

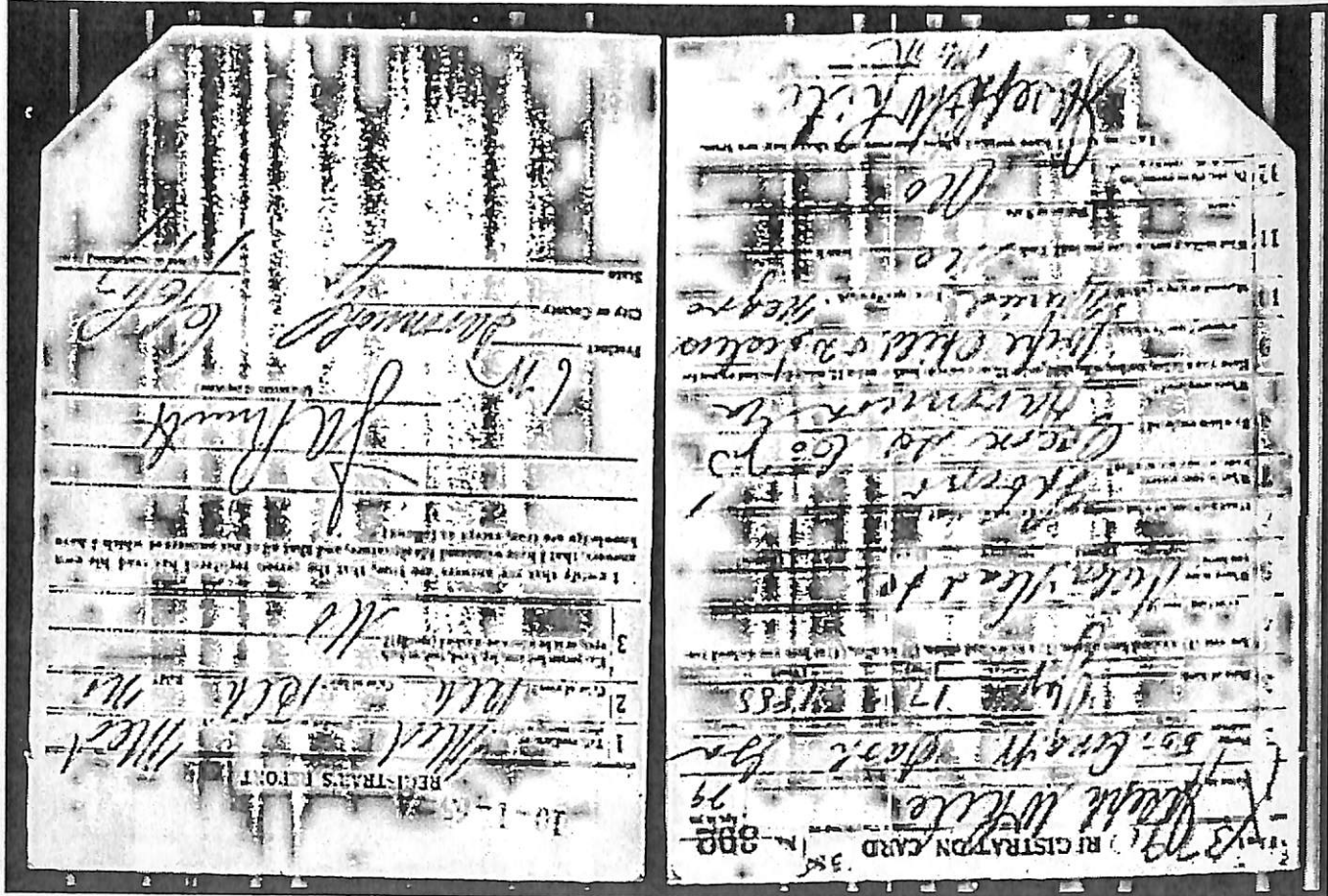
I CERTIFY, ON HONOR, That I have minutely inspected the Volunteer, Richard White previously to his enlistment, and that he was entirely sober when enlisted; that, to the best of my judgment and belief, he is of lawful age; and that, in accepting him as duly qualified to perform the duties of an able-bodied soldier, I have strictly observed the Regulations which govern the recruiting service. This soldier has Blk eyes, Black hair, Black complexion, is 5 ft 4 1/2 inches high.

James E. Grayne  
1<sup>st</sup> Lieut. 26<sup>th</sup> Regt. U.S.A. Volunteers,  
 RECRUITING OFFICER.

Mustered into the service of the United States, for three years or during the war, from date of enlistment, in Company \_\_\_\_\_  
 Regiment of \_\_\_\_\_ Volunteers, on the 23<sup>rd</sup> day of April, 1864, at Hilton Head.

W. P. Bostwick  
1<sup>st</sup> Lieut. 26<sup>th</sup> Regt. U.S.A.  
 Draft Officer

NAME OF SOLDIER:		White, Richard			(3-11-3)
NAME OF DEPENDENT:		Widow, Minor,	White, Amelia		
SERVICE:		Batt'y 9, 2 <sup>d</sup> U.S.C. L.A.			
DATE OF FILING.	CLASS.	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED.	
1894 1907 1917 1927	Invalid, Widow, Minor,	591842	446044	S.C.	
ATTORNEY:					
REMARKS:		A. E. B. N.			



No. 330 Record for Jacob Lawrence

Date of Application,  
Where born,  
Where brought up,  
Residence,  
Age,  
Complexion,  
Occupation,  
Works for  
Wife,  
Children,

Feb 11<sup>th</sup> 1869.

Father,

Mother,  
Brothers,

Sisters,

Signature,

No. 331 Record for Julius Shemetteles

Date of Application,  
Where born,  
Where brought up,  
Residence,  
Age,  
Complexion,  
Occupation,  
Works for  
Wife,  
Children,

Feb 11<sup>th</sup> 1869.  
Black Creek Fla.  
By Augustine Fla.  
Beaufort S. C.  
24.  
Brown.  
Boatman.  
Himself.

Father,

Mother,  
Brothers,

Sisters,

Signature,

Theodore: lives in Florida.

Phoebe: dead.

Henrietta & Sarah.  
Both live in Beaufort S. C.

Julius Shemetteles  
mark

No. 332 Record for James A. Conking

Date of Application,  
Where born,  
Where brought up,  
Residence,  
Age,  
Complexion,  
Occupation,  
Works for  
Wife,  
Children,

Feb 12<sup>th</sup> 1869.

Hilton Head S. C.

White

County Agent and runs a sheep

Father,

Mother,  
Brothers,

Sisters,

Signature,

No. 333 Record for Richard White

Date of Application,  
Where born,  
Where brought up,  
Residence,  
Age,  
Complexion,  
Occupation,  
Works for  
Wife,  
Children,

Feb 17<sup>th</sup> 1869.

Hilton Head S. C.

Same place

28.

Brown.  
Farming  
Himself.  
Auntie.  
Amy (8). Violet 8 months.

Father,

Mother,  
Brothers,

Sisters,

Signature,

Hilton dead.

Wife,  
John, Lucius.

Richard White  
mark

*S* | 21 | U.S.C.T.

*Milton Stewart*

....., Co. *B*, 21 Reg't U. S. Col'd Inf.

Appears on  
**Company Descriptive Book**  
of the organization named above.

DESCRIPTION.

Age *30* years; height *5* feet *4* inches.

Complexion *Brown*

Eyes *Black*; hair *Black*

Where born *Hilton Head, S.C.*

Occupation *Laborer*

ENLISTMENT.


When *April 27*, 1863.

Where *Hilton Head*

By whom *P. A. McLaughly* term *3* y'rs.

Remarks:  
.....  
.....  
.....





Installation of  
Rev. Abraham Murchinson  
And  
First African Baptist Church

Reverend Abraham Murchinson, First African Baptist Church, Hilton Head Island

**THE NEW SOUTH (Port Royal, S.C.)**

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Volume 1, Number 4  
Saturday, August 30, 1862

**CHURCH ORGANIZATION AT HILTON HEAD.**—We omitted in our last issue to chronicle the organization of the First African Baptist Church of Hilton Head, and the ordination of its pastor. These events occurred on Sunday, the 17th instant, and the ceremonies attending them were conducted in a very impressive manner. The society thus established numbers about 120 members, all of whom are contrabands. Of these nearly 70 were professing Christians under the rule of their late masters, while the others have been converted and baptized since our advent among them. Rev. Abraham Murchison, a colored man in the employ of the Chief Quartermaster, has been selected as the minister to these people, and was duly installed as the pastor on the Sabbath before last. The following was the order of exercises: Ordination Sermon—Chaplain H.S. Wayland, 7th Connecticut Volunteers; charge to candidate—Chaplain W.C. Patterson, 1st Massachusetts cavalry; ordination prayer and right-hand of fellowship—Chaplain H. Hovey, Volunteer Engineers; charge to the church—Chaplain Whitehead, 97th Pennsylvania Volunteers.

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Volume 2, Number 14, Whole Number 64  
Saturday, December 19, 1863

Agreeably to the correspondence which took place between BRIG.-GEN. SAXTON, MILITARY GOVERNOR, and a committee on behalf of the colored people of the Department, and also that they may have an opportunity of being present at the presentation of a testimonial to BRIG.-GEN. SAXTON, to which they have contributed, the people of this place, relying on the never failing kindness of the Chief Quartermaster, have resolved to meet at Beaufort, January 1st, 1864, there to participate in the exercises proposed and adopted by the Freedmen's Central Committee.

Rev. ABRAHAM MURCHINSON,  
Pastor of First Baptist Church.

KING THOMAS,  
BENJ. WILLIAMS,  
JOHN WILLIAMS,  
E. BURROUGHS,  
ADAM GREEN,

Committee.

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Correspondence of THE NEW SOUTH.

First of January Celebration at Beaufort. SWORD PRESENTATION TO GEN. SAXTON AND COL. HIGGINSON—SPEECH-MAKING AND BARBECUE—AN ENTHUSIASTIC CROWD.

Beaufort, S.C., Jan. 1st, 1863. [1864]

According to previous announcement, the New Year has been ushered in here by a grand demonstration under the auspices of the freedmen, in honor of the President's memorable proclamation of a year ago to day. An unusually cold and rampant South-wester did not contribute particularly to the comfort of the occasion, but the programme was, nevertheless, all carried out with entire success.

A procession of over a thousand colored soldiers, quartermasters hands, and colored women and children, was formed under direction of Col. T.W. Higginson, of the 1st S.C. Vols., assisted by Jacob Robinson, a well known colored resident of this town, and marched through the principal streets to the camp of the 1st S.C. Vols., where a large stage had been erected, appropriately ornamented with arches inscribed with historic names which the world will not willingly let die. Singing by the schools and prayer by the Rev. Abram Murchison, a colored man, opened the exercises. . . .