

(1) PLACE OF BIRTH

County of Porter
 Township of Early
 or
 Inc. Town of
 or
 City of Esley

CERTIFICATE OF BIRTH

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

No. 29763

Registration District No. 32A Registered No. 132
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willy Greenery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Sex Male (7) DATE OF BIRTH Apr 9 1923
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Hermon Greenery (14) NAME BEFORE MARRIAGE Lillian Brown
 (9) PRESENT POSTOFFICE OF FATHER Early No (15) PRESENT POSTOFFICE OF MOTHER Early No
 (10) COLOR OR RACE Colony (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE Colony (17) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Porter (18) BIRTHPLACE Porter
 (13) OCCUPATION Deeper in Boiler Room (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 4 (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 M.,
 on the date above stated. (Sex) (Date) (Hour A. M. or P. M.)

(23) (Signature) W. D. Wall (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Esley, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 3, 1923 (28) F. F. W. 46 Registrar

When this is the attending physician or midwife, then the father, householder, etc., should make this return. If a child branches even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.