

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of RT #7 Greenville, S.C.
(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
64555

Registration District No. 2209 Registered No. 796
(For use of Local Registrar)

(2) Full Name of Child { 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6 9 1916</u> (Name of Month Day Year)
FATHER. (8) FULL NAME <u>Luther Watson</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Estey Ann Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rt. #7 Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(18) BIRTHPLACE <u>D.C.</u>
(12) BIRTHPLACE <u>M.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>house</u>	(20) Number of children born to mother, including present birth <u>1</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Hill
(24) State whether Physician or Midwife (25) Address of Physician, or Midwife
Physician Greenville

Given name added from a supplemental report 191...
....., 191...
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
June 14 1916 (27) A. H. Mackey 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.

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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.
Craw. of Columbia.