

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
Inc. Town of .....or  
City of Greenville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42680

Registration District No. 2209A Registered No. 033

(For use of Local Registrar)

(No. 8 Blake St. deane mill Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mr. John Wate (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jesse Milton Wate(9) PRESENT POSTOFFICE OF FATHER 8 Blake St(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE sb(13) OCCUPATION Sept. op.(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Blouie Wilson(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE sb(19) OCCUPATION housework(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 4 P. M., on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)(23) (Signature) John B. Hill(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys Greenville

Given name added from a supplemental report

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

(27) FILED Dec 25 1923 (28) A. J. 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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