

(1) PLACE OF BIRTH

County of Greenville  
Township of Paris, N.C.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

56111

Inc. Town of ..... Registration District No. 2214 Registered No. 10  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Louis Booker ... { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 5</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Louis Booker  
(9) PRESENT POSTOFFICE OF FATHER Greenville R. 70  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
(12) BIRTHPLACE Greenville  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 1 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Helen Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Greenville R. 70  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18  
(18) BIRTHPLACE Greenville  
(19) OCCUPATION Housekeeper & Farm Hand  
(21) Number of children of this mother now living, including present birth { 1 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. D. Woodruff, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Travelers Rest, S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Apr 21 1916 (28) John B. Hester  
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.

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.

McCaw, of Columbia.