

(1) PLACE OF BIRTH

County of GreenvilleTownship of 4or
Inc. Town of or
City of

(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

42738

Registration District No. 2209B Registered No. 426
(For use of Local Registrar)(No. Census Senior Res. Ward)(2) Full Name of Child William Mc Kinley Wather { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy(4) Twin or Triplet? 1
To be answered only in event of Twin or Triplets(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Claud Wather(9) PRESENT POSTOFFICE OF FATHER Greenville S C(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE U.S.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lethia Hightower(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE U.S.(19) OCCUPATION same(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 born alive at 9:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S C

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, 1922 (28) 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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