

(1) PLACE OF BIRTH

County of Greenville
 Township of Verde
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 64682

Registration District No. 2313 Registered No. 21
 (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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8, 1916</u> (Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Watson</u>	(14) NAME BEFORE MARRIAGE <u>Ellie Wideman</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville RFD</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville RFD</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co</u>	(18) BIRTHPLACE <u>Greenville Co</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Home Wife</u>			
(20) Number of children born to mother, including present birth { <u>5</u>	(21) Number of children of this mother now living, including present birth { <u>0</u>			

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 stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. Smith

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

Name added from a supplemental report

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

(27) Filed July 11, 1916 (28) J. P. Smith 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.