(1) PLACE OF BIRTH

County of Greenville

Township of Gilletts Store

or

Inc. Town of Gaffney SC

or

City of .....

CERTIFICATE OF BIRTH

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

No. 8a—For Use Registrar's Office

610

Registration District No. 10 2 Registered No. 5

(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(No. 128 Walhalla Ward)

(2) Full Name of Child Billie Lee Whitlock (If child is not yet named, make supplemental report at once.)

(3) SEX	(4) THIS BIRTH (Single, Twin or Triplet) (If not single, is it 1st or 2nd born child of Twins or Triplets?)	(5) Number in order of birth	(6) Was child born alive?	(7) BIRTH OCCURRED (Month)	(Day)	(Year)
Boy	Single	2	Yes	June	4	1925

FATHER.

(8) FULL NAME: Asbery Lee Whitlock

(9) PRESENT RESIDENCE OF FATHER: Gaffney SC

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Surry Co N C

(13) OCCUPATION: Cotton mill Work

(14) Number of children born to mother, including present birth: 1 2

MOTHER.

(15) MAIDEN NAME: Dutt Wells

(16) PRESENT RESIDENCE OF MOTHER: Gaffney SC

(17) COLOR OR RACE: White (18) AGE AT LAST BIRTHDAY: 24 (Years)

(19) BIRTHPLACE: Rutherford Co N C

(20) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D D Smith

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

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 1925 (28) W. F. Smyre

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

(OVER)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.