

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
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

42744

Registration District No. 24093 Registered No. 420

(For use of Local Registrar)

(No. 25-46 St.; P. 1111 Ward)

## (2) Full Name of Child

Batone

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

|                             |  |                             |                                    |  |
|-----------------------------|--|-----------------------------|------------------------------------|--|
| 3) BOY OR GIRL? <u>Girl</u> | 4) Twin or Triplet? <u>No</u><br>To be answered only in event of Twins or Triplets | 5) Number in order of birth | 6) Are Parents Married? <u>yes</u> | 7) DATE OF BIRTH. <u>Dec. 13, 1922</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|--|-----------------------------|------------------------------------|--|

## FATHER.

8) FULL NAME Ludy W. Batone9) PRESENT POSTOFFICE OF FATHER Greenville S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 26 (Years)12) BIRTHPLACE S.C.

13) OCCUPATION

Cotton Mill Opr.20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Elsie Rogers15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 26 (Years)18) BIRTHPLACE W.C.

19) OCCUPATION

Housewife21) 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 5 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. D. Luss, M.D.(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. 13, 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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