(1) PLACE OF BIRTH

County of Lexington

Township of Pineney

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
79599

Registration District No. 4204 Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child. Willie Mary Greer ..... { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept. 14, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Greer

(9) PRESENT POSTOFFICE OF FATHER Lockhart S C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Laurens Co S C

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sofia Blackwell

(15) PRESENT POSTOFFICE OF MOTHER Lockhart S C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Greenwood Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born (Born alive or ~~stillborn~~) at 12 (Hour ~~A. M.~~ or P. M.) P. M., on the date above stated.

(23) (Signature) Emma Wrightmond M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Lockhart S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Sept 19 1916 (28) D. G. Gallmon 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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WARNING: ONE PAYMENT, WHEN ORDERED, FOR ONE CERTIFICATE ONLY. ... FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in sequence.
N. B.—If a record of twins or triplets, use a separate blank for each, and number them
McCarter Co., of Columbia.