

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

File No.—For State Registrar Only
9241

County of Anderson Registration District No. 302 Registered No. 21
(For use of Local Registrar)
City of Greenville (No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child William Childers If child is not yet named, make supplemental report as directed

(1) Sex of Child <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Alt 28</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Leo M Childers</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. RFD</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Bessie H. Nelson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. RFD</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (20) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born Female 10:30 P.M., on the date above stated. (Hour & M. or P. M.)
(22) (Signature) W. M. Mock
(23) State whether Physician or Midwife Physician

Give name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed May 1 1923 (26) W. R. Nelson 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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