

(1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*

Inc. Town of

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
64650Registration District No. *2346* Registered No. *89*

(For use of Local Registrar)

(2) Full Name of Child. *Willie Ball Watson* St.; Ward

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

(1) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June 23, 1916</i>
	To be answered only in event of Twins or Triplets	order of birth		(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME <i>George Watson</i>	(11) AGE AT LAST BIRTHDAY <i>23</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville Rd</i>	(12) BIRTHPLACE <i>Greenville Co</i>
(10) COLOR OR RACE <i>negro</i>	(13) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth? <i>2</i>	

MOTHER.

(14) NAME BEFORE MARRIAGE <i>Ethel Tolbert</i>	(17) AGE AT LAST BIRTHDAY <i>22</i>
(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville Rd</i>	(18) BIRTHPLACE <i>Greenville Co</i>
(16) COLOR OR RACE <i>negro</i>	(19) OCCUPATION <i>Domestic</i>
(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *5 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Carroll*

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

Given name added from a supplemental report

1916

Registrar

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

(27) Filed *July 10, 1916* (28) *S. R. Burch* 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.