

1) PLACE OF BIRTH
Greenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Division of Vital Statistics
State House of Health

File No. - For State Registrar Only
3980

Township of

No. Town of

Greenville, S. C.

Registration District No. **22A**

Registered No. **65**

2) If still occurs in a hospital or other institution give name of same instead of street and number

3) Full Name of Child

4) Date of Birth **Feb. 12, 23**
5) Time of Birth **10:00**
6) Sex **Male**
7) Color **Colored**
8) Place of Birth **Greenville, S. C.**

9) Name of Father **Will McCollough**

10) Name of Mother **Jessie Butler**

11) Present Address of Mother **Greenville, S. C.**

12) Age of Child at Birth **46**

13) Race **Colored**

14) Occupation **Cook**

15) Number of Children of this Mother **4**

16) Signature of Physician or Midwife **W. H. Smith**

17) Address of Physician or Midwife **700 North 11th St.**

18) Date of Birth **Feb. 12, 23**

19) Name of Child **Will McCollough**

20) Name of Mother **Jessie Butler**

21) Name of Father **Will McCollough**

22) Name of Child **Will McCollough**

23) Name of Mother **Jessie Butler**

24) Name of Father **Will McCollough**

25) Name of Child **Will McCollough**

26) Name of Mother **Jessie Butler**

27) Name of Father **Will McCollough**

28) Name of Child **Will McCollough**

29) Name of Mother **Jessie Butler**

30) Name of Father **Will McCollough**