

(1) PLACE OF BIRTH
County of Grenville
Township of Bates
or
Inc. Town of

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

File No.—For State Registrar Only
46322

Registration District No. 2201 Registered No. 2
(For use of Local Registrar)
City of (No. St.; Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Washington Carroll Batsorn } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>JAN 13 1911</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>George Washington Batsorn</u>	(14) NAME BEFORE MARRIAGE <u>Mary Victoria Langford</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>H.F.D. #3 Travellers Rest, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>Greenville County S.C.</u>	(18) BIRTHPLACE <u>Greenville S.C.</u>			
(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>AT HOME</u>			
(20) Number of children born to mother, including present birth <u>ONE</u>	(21) Number of children of this mother now living, including present birth <u>ONE</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Benson M.D.
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 13 1911 (28) Chas. P. Benson
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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