

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 OF
 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

404

Registration District No. 2-4-9 Registered No. 3
 (For use of Local Registrar)
 (No. 15 - W. 1st St. St.; M. P. Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet X (5) Number in order of birth 4th
 To be answered only in event of Twin or Triplet

FATHER.

(6) FULL NAME James E. Batson

(7) PRESENT POSTOFFICE OF FATHER 15th St. N. S.

(8) COLOR OR RACE W (9) AGE AT LAST BIRTHDAY 30 (Year)

(10) BIRTHPLACE S. C.

(11) OCCUPATION Self

(12) Number of children born to mother, including present birth 4th

(13) DATE OF BIRTH July 23
 (Month of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Cook

(15) PRESENT POSTOFFICE OF MOTHER same

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION house

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3 M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) John B. McMillan
 (23) State whether Physician or Midwife Phys. (24) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) John B. McMillan (27) A. H. McMillan 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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