

MARGIN REMOVED FOR BINDING.
WRITE PLAINLY. WITH UNFAIRING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Charleston
Township of St. C. St. M.
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

No. 17027

Registration District No. 909 Registered No. 921
(For use of Local Registrar)

(2) Full Name of Child Arthur Watson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>5</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 12 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Julius Watson</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Pringle</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Myers S. C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Myers S. C.</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(12) BIRTHPLACE <u>Charleston Co</u>	(18) BIRTHPLACE <u>Charleston Co</u>	(19) OCCUPATION <u>Labour at Powder Plant</u>	(19) OCCUPATION <u>Housework</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Hagar Goodwin
(24) State whether Physician or Midwife R. Midwife (25) Address of Physician or Midwife
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by doctor)
(27) Filed June 25 1923 (28) B. T. Myers Local Registrar

*When there was no attending physician or midwife, when 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.