(1) PLACE OF BIRTH

County of Horry

Township of Loris

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

Registration District No. 2502 Registered No. 206
(For use of Local Registrar)

File No.—For State Registrar Only
90347

(2) Full Name of Child Leon

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 13, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robt Tilman Watts	(14) NAME BEFORE MARRIAGE Charlott Anna
(9) PRESENT POSTOFFICE OF FATHER Loris SC	(15) PRESENT POSTOFFICE OF MOTHER Loris SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Horry Co	(18) BIRTHPLACE Horry Co
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Laura Williams

(24) State whether Physician or Midwife: Mid wife

(25) Address of Physician or Midwife: Loris SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 15 1916 (28) J. L. Dozier
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.

McCAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.