

(1) PLACE OF BIRTH

County of RichmondTownship of Smithvilleor
Inc. Town of SmithvilleCity of Smithville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucile Watson

File No. — For State Registrar Only

15921

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31 1927
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. A. Watson(9) PRESENT POSTOFFICE OF FATHER Smithville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Smithville, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15MOTHER.
(14) NAME BEFORE MARRIAGE Lena May(15) PRESENT POSTOFFICE OF MOTHER Smithville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Smithville, S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura L. L. L.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smithville, S.C.

Given name added from a supplemental report

19 1927 Registrar(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) W. A. Watson

(27) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.