

(1) PLACE OF BIRTH

County of Lorry  
 Township 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. 43315  
 For State Registrar Only

Registration District No. 251A Registered No. 58  
 (For use of Local Registrar)

(2) Full Name of Child Edward Bradley Watts

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

(a) BOY OR GIRL? <u>boy</u>	(b) Twin or Triplet? <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Are Parents Married? <u>yes</u>	(e) DATE OF BIRTH <u>Dec. 19, 1915</u> (Name of Month (year) (day))
(f) FULL NAME <u>Benjamin Franklin Watts</u>		(g) NAME BEFORE MARRIAGE <u>Sarah Purilla Mendenhall</u>		
(h) PRESENT POSTOFFICE OF FATHER <u>Myrtle Beach, S.C.</u>		(i) PRESENT POSTOFFICE OF MOTHER <u>Myrtle Beach, S.C.</u>		
(j) COLOR OR RACE <u>White</u>	(k) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(l) COLOR OR RACE <u>White</u>	(m) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(n) BIRTHPLACE <u>Lorry County, S.C.</u>		(o) BIRTHPLACE <u>Locust, S.C.</u>		
(p) OCCUPATION <u>Travelling</u>		(q) OCCUPATION <u>Housework</u>		
(r) Number of children born to mother, including present birth <u>8</u>		(s) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on Dec. 19, 1915 at 10:10 P.M.  
 on the date above stated.

(20) (Signature) W. H. Mendenhall  
 (21) Name of Father (22) Name of Mother  
Benjamin Franklin Watts Sarah Purilla Mendenhall

Given under my hand and seal of office on this day of December, 1915.

(23) (Signature) W. H. Mendenhall  
 (24) (Signature of Witness) W. H. Mendenhall  
 (25) (Signature of Registrar) W. H. Mendenhall

When there was no attending physician or midwife, then the father, mother, or other person, should make this report, and a child was born from him. It must not be reported as stillborn. The report is required of all persons within the fifth month of pregnancy.

REMARKS: WHEN THE CHILD IS BORN, THE FATHER, MOTHER, OR OTHER PERSON, SHOULD MAKE THIS REPORT, AND A CHILD WAS BORN FROM HIM. IT MUST NOT BE REPORTED AS STILLBORN. THE REPORT IS REQUIRED OF ALL PERSONS WITHIN THE FIFTH MONTH OF PREGNANCY.