

(1) PLACE OF BIRTH

County of SumterTownship of Wesleyor
Inc. Town of

City of

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Chifton Watson If child is not yet named, make supplemental report as directed3. BOY OR
GIRL4. Twin
or Triplet5. Number in
order of birth
To be answered only in event of Twins or Triplets6. Are
Parents
Married?7. DATE OF
BIRTH

(Month of Month) (Day) (Year)

FATHER.

8. FULL
NAME Chifton Watson9. PRESENT
POSTOFFICE
OF FATHER Wesley10. COLOR
OR
RACE Black (11) AGE AT LAST
BIRTHDAY 25 (Years)12. BIRTHPLACE Wesley13. OCCUPATION Farmer14. Number of children born to
mother, including present birth 2

MOTHER.

14. NAME BEFORE
MARRIAGE Narcissus Earl15. PRESENT
POSTOFFICE
OF MOTHER Wesley16. COLOR
OR
RACE Black (17) AGE AT LAST
BIRTHDAY 21 (Years)18. BIRTHPLACE Wesley19. OCCUPATION Woman20. Number of children of this mother
now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chifton Watson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife WesleyGiven name added from a supplement-
al report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Chifton Watson 19 21 (28) R. P. R. R.
Registrar 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.*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3062

Registration District No. 307 Registered No. 9
(For use of Local Registrar)

NOTED: This form is to be filled out by the parent or guardian of the child, and must be filled out for every child born in South Carolina, whether the child is a resident or not. It is to be filled out for every child born in South Carolina, whether the child is a resident or not. It is to be filled out for every child born in South Carolina, whether the child is a resident or not.