

ATE OF BIR

or economic, in which not only to the individual good business, for the

the administration of

to prove the irresponsibility, crime and misdemeanor criminal code:

in the enforcement of labor:

to determine the relationship

claiming in order to in the claim for exemption military service.

a woman whose only to Question 24. For as, as housekeeper,--

worker," "operative," "factory," "mill,"

titles, is civil engineer, the statement of occupation, etc. Distinguish a salesman and not a

1. B. - In case of TWINS OR THILIBS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		10390	
Township of <u>2nd. St. James Pk.</u>		Bureau of Vital Statistics			
or Inc. Town of <u>State Prison</u>		State Board of Health			
or City of <u>Richmond</u>		Registration District No. <u>211</u>		Registered No. <u>11</u>	
(No. <u>Richmond</u> St.)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Ward			
(2) Full Name of Child <u>Mamie Watson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	<u>April 25th 1922</u>
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Watson</u>			(14) NAME BEFORE MARRIAGE <u>Addie Richardson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Harv Yard R. 2.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Harv Yard R. 2.</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Midland Park, S.C.</u>			(18) BIRTHPLACE <u>Midland Park, S.C.</u>		
(13) OCCUPATION <u>Labourer (day)</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 <u>alive</u> at <u>12 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>Mamie Watson</u>		(24) Address of Physician or Midwife <u>Midland Park, S.C.</u>			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness <u>Edna Ryan</u>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>April 10th 1922</u> (28) <u>Mrs. S. H. Hester</u> Local Registrar.			
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.