

(1) PLACE OF BIRTH

County of Horry.....Township of Simpson Creekor
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.)(2) Full Name of Child John William Wats

File No.—For State Registrar Only

19063

Registration District No. 4509 Registered No. 5
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 8th. 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Franklin Wats(9) PRESENT POSTOFFICE OF FATHER Allsbrook, S.C..(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Tessie Wats(15) PRESENT POSTOFFICE OF MOTHER Allsbrook, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive.....at 9 A....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rhia Dewett(24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Allsbrook, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5/19.....1922. (28) Carroll Fordwick
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.