

Form No. 1

(1) PLACE OF BIRTH

County of Lee  
Township of Bishopville  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**43365**

Registration District No. 3000 Registered No. 73  
(For use of Local Registrar)

(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 Clara Jane Watson (If child is not yet named, make supplemental report as directed)

3)  BOY OR GIRL? 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Y 7) DATE OF BIRTH Dec 31 1922  
(Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME F. C. Watson  
9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 23  
(Years)  
12) BIRTHPLACE Lee Co  
13) OCCUPATION Carpenter  
20) Number of children born to mother, including present birth 1

**MOTHER.**

14) NAME BEFORE MARRIAGE Mathie Hopkins  
15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 16  
(Years)  
18) BIRTHPLACE Lee Co  
19) OCCUPATION Domestic  
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 ..... at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annetta Price  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 1923 (28) Wm. J. J. Loney 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 sixth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. BOARD OF COLUMBIA, COLUMBIA, S. C.