

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Cal. of Columbia.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Magnolia  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45146**

Registration District No. 129 Registered No. 3  
 (For use of Local Registrar)

(2) Full Name of Child Naoma Watson { 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>Yes</u>   | (7) DATE OF BIRTH <u>Jan 16 1916</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |  |                                 | MOTHER.   |  |
| (8) FULL NAME <u>Walter Watson</u>                                       |  |                                 | (14) NAME BEFORE MARRIAGE <u>Sula M. Tarkenton</u>                                  |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Leathorn Falls 86</u>                |  |                                 | (15) PRESENT POSTOFFICE OF MOTHER <u>Leathorn Falls</u>                             |  |
| (10) COLOR OR RACE <u>Negro</u>  | (11) AGE AT LAST BIRTHDAY <u>60</u><br>(Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>44</u><br>(Years)                                      |  |
| (12) BIRTHPLACE <u>Wilmington N. C.</u>                                  |  |                                 | (18) BIRTHPLACE <u>Green Co. S. C.</u>  |  |
| (13) OCCUPATION <u>Farmer</u>  |  |                                 | (19) OCCUPATION <u>Housewife</u>  |  |
| (20) Number of children born to mother, including present birth <u>4</u> |  |                                 | (21) Number of children of this mother now living, including present birth <u>3</u> |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Leathorn Falls on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 2 a.m.

(23) (Signature) Carrie Bell

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Leathorn Falls

Given name added from a supplemental report ..... 191.....

(26) Witness Mrs. Rance  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 16 1916 (28) H. Rance 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.

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