

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

File No. — For State Registrar Only
30606

(1) PLACE OF BIRTH

County of Greenwood
 Township of
 or
 Inc. Town of Wagramm Grove
 or
 City of Waukeeshole St. (No. St.; Ward)

Registration District No. 23.14 Registered No. 83
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Subeyl Nell Watts

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1919
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dawson Watts
 (9) PRESENT POSTOFFICE OF FATHER Waukeeshole St.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Newberry Co.
 (13) OCCUPATION Cotton Picker
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Stora Clark
 (15) PRESENT POSTOFFICE OF MOTHER Waukeeshole
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Go.
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Workerson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waukeeshole

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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.

REG. OF COLUMBIA, COLUMBIA, S. C.
 N. B.—In case of TWIN, or TRIPLETS, or a NEARLY IDENTICAL BIRTH, see question 3, and mark the PRINTED NUMBER, No. 1, THE OTHER, No. 2, etc., in question 3.