

(1) PLACE OF BIRTH

County of GreenvilleTownship of Waukeganor WaukeganInc. Town of Waukeganor WaukeganCity of Waukegan

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30606

Registration District No. 23.14Registered 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 Abigail 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
BIRTHSept 3rd
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Stella C. Lee(15) PRESENT POSTOFFICE OF MOTHER Waukegan, Ill.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 48
(Years)(18) BIRTHPLACE Ill.(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) W. Workman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waukegan, Ill.

Given name added from a supplemental report

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

19 Registrar

(27) Filed (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.