

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Middle
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29747

Registration District No. 3620Registered No. 75
(For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|---|---|------------------------------|--|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept. 24, 1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Wm. Lester Watford</u> | | | (14) NAME BEFORE MARRIAGE <u>Lottie Barnett</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, N. Y.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, N. Y.</u> | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>31</u> (Year) | | | (17) AGE AT LAST BIRTHDAY <u>24</u> (Year) | |
| (12) BIRTHPLACE <u>Dorchester Co. S.C.</u> | | | (18) BIRTHPLACE <u>Dorchester 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>Four</u> | | | (21) Number of children of this mother now living, including present birth <u>Four</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. L. Watford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ortg 30

Given name added from a supplement-
 tal report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)(27) Filed 10-319 23

(28)

W. H. Dukes
 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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