

## (1) PLACE OF BIRTH

County of *Sumner*Township of *Watauga*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19294

1st. Town of .....

Registration District No. *907*Registered No. *45*

(For use of Local Registrar)

City of .....

If born in a hospital or other institution give name of same instead of street and number.) St. .... Ward)

2) Full Name of Child *Watts*

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

3) Sex *Male*(4) Twin or triplet? ☒(5) Number in order of birth *1*

To be answered only in case of Twin or Triplet

(6) Are Parents Married? *No*(7) DATE OF BIRTH *Jan 22*

(Year of Month) (Day) (Year)

FATHER.

4) Full Name *No record*5) Present in office of Father ☒6) Color or Race *Cauc*(11) AGE AT LAST BIRTHDAY *34*

(Years)

7) Birthplace *Sc*8) Occupation *Domestic*

MOTHER.

(14) NAME BEFORE MARRIAGE *Low Lee Watts*(15) PRESENT POSTOFFICE OF MOTHER *Watauga*(16) COLOR OR RACE *Cauc*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *Sc*(19) OCCUPATION *Domestic*9) Number of children born to mother, including present birth *1*(20) 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 *born* at *9A* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elizabeth Taylor*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Watauga*

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed *July 10 1912*

(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.

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