

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Calvey*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76416

Registration District No. *1301* Registered No. *134*

(For use of Local Registrar)

(2) Full Name of Child *Mary Watson*

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 *1*

(6) Are Parents Married? *no*

(7) DATE OF BIRTH *Sept 1 1916*
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Watson*

(15) PRESENT POSTOFFICE OF MOTHER *Pinewood*

(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY *18*

(Years)

(18) BIRTHPLACE

(19) OCCUPATION *Sam Land*

(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born* at *Pinewood* M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) *Maggie Lusk*

(24) State whether Physician or Midwife *midwife*

(25) Address of Physician or Midwife *Pinewood*

Given name added from a supplemental report

Thy F. Lusk 191...
Registrar

(26) Witness

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

(27) Filed *9/2 1916*

(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.

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

McCaw, of Columbia.