

Form No. 1

## (1) PLACE OF BIRTH

County of SalhounTownship of Luzonor  
Inc. Town of .....

City of .....

(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41165

Registration District No. 502 Registered No. 147  
(For use of Local Registrar)(2) Full Name of Child Brazelle Watson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Watson(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Help(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Shuler(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) 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 alive at 6 P.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) E. M. Malone  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 29, 1922 (28) W. S. Keller  
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.  
MACAW OF COLUMBIA, COLUMBIA, S. C.