

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

42991

Registration District No. 2506

Registered No. 122

(For use of Local Registrar)

(2) Full Name of Child

Martha Watson

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. V. Watson

(9) PRESENT POSTOFFICE OF FATHER

Labor NC R 2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Horry Co S.C.

(13) OCCUPATION

Farm Tenant

MOTHER.

(14) NAME BEFORE MARRIAGE

R. E. Flayd.

(15) PRESENT POSTOFFICE OF MOTHER

Labor NC R 2

(16) COLOR OR RACE

Negro.

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Horry Co S.C.

(19) OCCUPATION

house & field work

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

12

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 9, 1922

(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.