

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26304

County of Greenville  
Township of Greenville  
or  
Inc. Town of .....

Registration District No. 2709A Registered No. .... 237  
(For use of Local Registrar)

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

(2) Full Name of Child Georgia Nell W (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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH March 1, 27  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME J. L. Watson  
9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
12) BIRTHPLACE S.C.  
13) OCCUPATION Textile Worker  
20) Number of children born to mother, including present birth 5

MOTHER.  
14) NAME BEFORE MARRIAGE Evie Moon  
15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive ..... at ..... 6 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. T. Walker (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
.....  
..... 19 .....

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

(27) Date Aug 17, 27 (28) G. H. Mackle 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.