

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

11010

County of SaludaTownship of 2

Inc. Town of

Registration District No. 3901Registered No. 44

(For use of Local Registrar)

City of

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of William Spigener Watson

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number of birth <u>1</u>	(6) Are parents married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 2, 1903</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>R. M. Watson</u>	(14) NAME BEFORE MARRIAGE <u>Annie Spigener</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Ridge Spring S.C.</u>
(11) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(17) COLOR OR RACE <u>White</u>	(19) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE <u>Saluda Co.</u>	(18) BIRTHPLACE <u>Saluda Co.</u>	(15) OCCUPATION <u>Housewife</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. H. O. O.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(28) May 2, 1903 (29) Wm. J. D. Branch 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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