

Form No. 3

(1) PLACE OF BIRTH

County of Lancaster
Township of Cedar Creek
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1347

Registration District No. 2802

Registered No. 2
(For use of Local Registrar)

(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 Child Fannie Watts

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12, 1923
(Month of Month) (Day) (Year)

FATHER
9. FULL NAME Robert Watts
10. PRESENT POSTOFFICE OF FATHER Lancaster # 3
11. COLOR OR RACE Col (12) AGE AT LAST BIRTHDAY 47
(Year)
13. BIRTHPLACE Lancaster
14. OCCUPATION Farmer
15. Number of children born to mother, including present birth 15

MOTHER
16. NAME BEFORE MARRIAGE Pet Tillmore
17. PRESENT POSTOFFICE OF MOTHER Lancaster # 3
18. COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 37
(Year)
20. BIRTHPLACE Lancaster # 3
21. OCCUPATION Farmer
22. Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 11:2 M., on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) Eliza Bell (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 23 is signed by mark)

Jan 15, 1923 (28) Jas. A. Canth Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes after birth, it should be reported as stillborn. No report is desired of stillbirths.

PREPARED BY THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.