

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown
Township of St. S.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

89953

Inc. Town of Registration District No. 2104 Registered No. 49
(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 Child Ellin Watson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>live</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 17</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME John W. W. W.
(9) PRESENT POSTOFFICE OF FATHER Rivers St
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Georgetown So
(13) OCCUPATION Trimmer
(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marriah Brown
(15) PRESENT POSTOFFICE OF MOTHER Rivers St
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Georgetown So
(19) OCCUPATION Housegirl
(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 11 etc. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellin Watson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness W. W. Williams
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 2 1917 (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.

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.