

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of York

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32695

Registration District No. 448 Registered No. 78  
 (For use of Local Registrar)

(2) Full Name of Child Cinnia Watts

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 14 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Major Cinnia Watts(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Hefner(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phy. J. W. Hunter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician York, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 15 1922 (28) Daniel O. Henry Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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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FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

State of Columbia