

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 4.

(1) PLACE OF BIRTH

County of Orangeburg.....
 Township of Chick.....
 or
 Inc. Town of.....
 or
 City of Orangeburg, S.C. (No. 100 Callahan St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 36a Registered No. 79
 (For use of Local Registrar)

(2) Full Name of Child Jamae Eukel Watson..... (If child is not yet named, make supplemental report as directed)

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet** No (5) **Number in order of birth** 1 (6) **Are Parents Married** yes (7) **DATE OF BIRTH** Feb 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** James Mikel Watson
 (9) **PRESENT POSTOFFICE OF FATHER** Orangeburg S.C.
 (10) **COLOR OR RACE** white (11) **AGE AT LAST BIRTHDAY** 23 (Year)
 (12) **BIRTHPLACE** S.C.
 (13) **OCCUPATION** Farmer
 (14) **Number of children born to mother, including present birth** 1 first (1)

MOTHER.

(14) **NAME BEFORE MARRIAGE** Coy King
 (15) **PRESENT POSTOFFICE OF MOTHER** Orangeburg S.C.
 (16) **COLOR OR RACE** White (17) **AGE AT LAST BIRTHDAY** 19 (Year)
 (18) **BIRTHPLACE** S.C.
 (19) **OCCUPATION** House wife
 (20) **Number of children of this mother now living, including present birth** 1 first (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 11:20 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J.H. Moore
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report.....
 (25) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 5/6/23 (27) Local Registrar L.V. Hanks

*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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