

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 5.

Revised by Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Lantern S.C.  
 Township of Waterloo S.C.  
 or  
 Inc. Town of .....

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 Roy Watts

File No.—for State Registrar Only  
**35277**

Registration District No. 29.7 Registered No. 61  
 (For use of Local Registrar)

(3) BOY OR GIRL? X (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John W. Watts  
 (9) PRESENT POSTOFFICE OF FATHER Waterloo S.C.  
 (10) COLOR OR RACE X W (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Trip Top S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 15 Children

## MOTHER.

(14) NAME BEFORE MARRIAGE Birnie Foster  
 (15) PRESENT POSTOFFICE OF MOTHER Lantern S.C.  
 (16) COLOR OR RACE X W (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Trip Top S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 15 Children

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X

(24) State whether Physician or Midwife mid wife

(25) Address of Physician or Midwife Hodges S.C.

Given name added from a supplemental report

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

(27) Filed W.C. 1922 (28) F.D. Hodges 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.