

(1) PLACE OF BIRTH

County of Y. D. W. S.Township ofInc. Town ofCity of F. T. M. S. B.

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

38007

Registration District No. 4406Registered No. 94
(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

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

(3) SEX OF CHILD <u>Male</u>	(4) Type of Triplet <u>To be answered only in case of Triplet</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 20 1933</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Thomas Watson</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Susan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>F. T. M. S. B.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>F. T. M. S. B.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Richmond County S.</u>			(18) BIRTHPLACE <u>Charleston City S.</u>	
(13) OCCUPATION <u>Music Teacher</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(23) (Signature) A. L. Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
F. T. M. S. B.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/13/33 (28) A. L. Parker
Registrar 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.

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