

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 6

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of "  
 or  
 Inc. Town of "  
 or  
 City of " (No. 1) 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

File No.—For State Registrar Only  
2930

Registration District No. 3A Registered No. 45  
 (For use of Local Registrar)

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

(3) BOY OR MALE (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27, 1922  
 To be answered only in event of Twins or Triplets (Age of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. M. Watson</u>	(14) NAME BEFORE MARRIAGE <u>Rossie Stone</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S. C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Banks Co. Ga.</u>	(18) BIRTHPLACE <u>Hart Co. Ga.</u>	(13) OCCUPATION <u>mill operator</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was alive at " M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Fleming  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife "

Given name added from a supplemental report

(26) Witness " (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Jan 30, 1922 (28) J. S. Fleming 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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