

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Watauga*City of *Watauga*City of *Watauga*City of *Watauga*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23932

Registration District No. *78* Registered No. *78*

(For use of Local Registrar)

City of *Watauga* (No. *78* St. *78* Ward *78*)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child *Raymond Arthur* If child is not yet named, make supplemental report as directedBOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 21, 23*

(Name of Month) (Day) (Year)

FATHER: FULL NAME *John Watkins*PRESENT POSTOFFICE OF FATHER *Merrell A.C.*COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)BIRTHPLACE *SC*OCCUPATION *Farmer*Number of children born to mother, including present birth *4*MOTHER: (14) NAME BEFORE MARRIAGE *Vivian Roberts*(15) PRESENT POSTOFFICE OF MOTHER *Merrell A.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *6 a.m.* (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. Williams*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *191* (28) 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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