

FORM NO. 7. MARGIN RESERVED FOR BINDING. WHEN 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.

(1) PLACE OF BIRTH Richland  
County of Richland  
Township of .....  
or  
Inc. Town of Colleton  
or 5 So. Marion  
City of Marion (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. William Lloyd Watts { If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only

23617

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 23rd 1912  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Dennis M. Watts  
(9) PRESENT POSTOFFICE OF FATHER Columbia  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Marion Co. S.C.  
(13) OCCUPATION Painter  
(14) NAME BEFORE MARRIAGE James Kate Wilson  
(15) PRESENT POSTOFFICE OF MOTHER Columbia  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Abbeville, S.C.  
(19) OCCUPATION House wife  
(20) Number of children born to father, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert H. Hays  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed 7-19-1912 (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.

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.