

(1) PLACE OF BIRTH

County of James
 Township of Salisbury
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for this register **44009**

Registration District No. 2601

Registered No. 9
 (For use of Local Registrar)

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

Tom Watson

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

(3) Sex <u>Boy</u>	(4) Type of Tissue To be reported only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) <u>12</u> (Day) <u>22</u> (Year) <u>34</u>
FATHER.				MOTHER.
(8) FULL NAME <u>Miller, Gary</u>				(10) NAME BEFORE MARRIAGE <u>N. C. Smith</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>				(11) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>
(12) COLOR OR RACE <u>White</u>				(13) AGE AT LAST BIRTHDAY <u>27</u>
(14) BIRTHPLACE <u>South Carolina</u>				(15) COLOR OR RACE <u>White</u>
(16) OCCUPATION <u>Farmer</u>				(17) BIRTHPLACE <u>South Carolina</u>
(18) Number of children born to mother, including present birth <u>6</u>				(19) OCCUPATION <u>Home - wife</u>
(20) Number of children of this mother now living, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>0</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. T. C. Smith
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife
Early Branch

Given name added from a supplemental report

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

(27) Filed 31 12 1934 (28) P. W. C. Smith

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.