

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Ignace

or

Inc. Town of

or

City of

(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

84451

Registration District No. 604 Registered No. 172

(For use of Local Registrar)

(2) Full Name of Child Ruth Watson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 17, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. D. Watson(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE Macon, Ga.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Leola Culpepper(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Macon, Ga.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nurse M. King(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled 11/22 1916

(28)

Geo. H. Hewaker
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.