

(1) PLACE OF BIRTH

County of *Horry*Township of *Flayds*

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

Registration District No. *2508*Registered No. *82*

(For use of Local Registrar)

(2) Full Name of Child

Virginia Watts

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Sept 30 1922

(Name & Month) (Day) (Year)

FATHER.

(8) FULL NAME

Kimer Watts

(9) PRESENT POSTOFFICE OF FATHER

Nichols St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Year)

(12) BIRTHPLACE

Robeson Co N.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Rhonia Ransom

(15) PRESENT POSTOFFICE OF MOTHER

Nichols St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Year)

(18) BIRTHPLACE

Horry Co S.C.

(19) OCCUPATION

Domestic

(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 alive* on the date *above* stated. *at 12 P.M.* (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Nichols St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 7 1922

(28)

G. F. Paulson

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.