(1) PLACE OF BIRTH

County of Lancaster

Township of Buford

or

Inc. Town of ..... Registration District No. 2800 Registered No. 2 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
1711

(2) Full Name of Child Watts — 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?	(7) DATE OF BIRTH
Girl		To be answered only in event of Twins or Triplets	Yes	Jan (Name of Month) 6 (Day) 1922 (Year)

FATHER.	MOTHER.
(8) FULL NAME John Watts	(14) NAME BEFORE MARRIAGE Sustare
(9) PRESENT POSTOFFICE OF FATHER Tradesville	(15) PRESENT POSTOFFICE OF MOTHER Tradesville
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. Domestic
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, 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 born also at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. McHenderbush M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Lancaster S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Feb 10 1922 (28) A. M. Hinson 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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