

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41998

County of DurhamTownship of Seaboardor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. St.; Ward)

Registration District No. 1203 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child. W. J. Watson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 8 1903

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. J. Watson(9) PRESENT POSTOFFICE OF FATHER Durham S.C. R7D(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 49

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(14) NAME BEFORE MARRIAGE Anna Hancy(15) PRESENT POSTOFFICE OF MOTHER Durham S.C. R7D(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 16(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. E. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Jan 23 1911

(28)

E. O. Early 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.