

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Savannah  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40879

Registration District No. 511 ..... Registered No. 78 .....  
 (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 Samuelia Watt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Dec 26, 22  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cornelius Wallford  
 (9) PRESENT POSTOFFICE OF FATHER Star S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (12) BIRTHPLACE Anderson Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Dora Watt  
 (15) PRESENT POSTOFFICE OF MOTHER Star S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 15  
 (Years)  
 (18) BIRTHPLACE Anderson S.C.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Bolden(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Star S.C.

Given name added from a supplemental report

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

(27) Filed Jan 9, 23 (28) L. A. Todd 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.