CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42709

(1) PLACE OF BIRTH
County of Fairfield
Township of .....
or
Inc. Town of Winnsboro Registration District No. 19-A Registered No. 42
or (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 Jeanne Watson — 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 3 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. 9, 1914 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J Frank Watson	(14) NAME BEFORE MARRIAGE Irene Blair
(9) PRESENT POSTOFFICE OF FATHER Winnsboro SC	(25) PRESENT POSTOFFICE OF MOTHER Winnsboro SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Dillon SC	(18) BIRTHPLACE Fairfield Co
(13) OCCUPATION Supt Ry Mill	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E Boney Lawton MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Dec 10 1914 (28) J. M. McMaster
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.

Registrar

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WRITE PLAINLY. WRITE IN INK. DO NOT ERASE. DO NOT USE ABBREVIATIONS. DO NOT USE DITTO MARKS. DO NOT LEAVE ANY BLANKS. IF UNABLE TO GIVE ANSWER TO ANY QUESTION, WRITE UNKNOWN. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
N. B.—Laws of South Carolina, 1915, Section 5, Page 104, requires that this certificate be filed with the Local Registrar of the district in which birth occurs within ten days after birth, and before any burial or removal from the district.