

(1) PLACE OF BIRTH

County of *Charleston*

Township of

Inc. Town of

City of *#3*

(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

6987

Registration District No. *112*Registered No. *7*

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child *Agnes Elizabeth Watson*

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

3) BOY OR GIRL *girl*(4) Twin or Triplet *one*

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Aug 12 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE *White*12) BIRTHPLACE *W. V.*13) OCCUPATION *Farmer*20) Number of children born to mother, including present birth *1*(11) AGE AT LAST BIRTHDAY *28*
(Years)(14) NAME BEFORE MARRIAGE *Margie Moore*(16) PRESENT POSTOFFICE OF MOTHER *Charleston*(18) COLOR OR RACE *White*(15) BIRTHPLACE *W. V.*(19) OCCUPATION *Homemaker*(21) Number of children of this mother now living, including present birth *4*

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *40* on the date above stated.(born alive or stillborn) Hour *4* M. or P. M. *00*(23) (Signature) *June Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Midwife*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 12 1923*19
Registrar

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.