

Form No 1.

(1) PLACE OF BIRTH

County of DarlingtonTownship of 11

or

Inc. Town of

or

City of

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

(2) Full Name of Child William Watson

File No. — For State Registrar Only

59549

(1) 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 April 9, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Samuel Watson

(9) PRESENT POSTOFFICE OF FATHER Darlington R.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Darlington Co

(13) OCCUPATION Farmer hand

(14) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Brown

(15) PRESENT POSTOFFICE OF MOTHER Darlington R.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE T. Lawrence Co S.C.

(19) OCCUPATION Domestic

(20) 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 alive at 3- P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) William Jackson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington R.

Given name added from a supplemental report

(26) Witness E. A. Kirby
 (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed April 11, 1916 (28) E. A. Kirby
 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.

McGraw-Hill of Columbia
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.