

(1) PERSON OF BIRTH

County of Williamsburg
 Township of Porter

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

5482

or
 Ina. Town of Registration District No. 4311 Registered No. 13
 or
 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 Margie Maud Watson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Melton B. Watson
 (9) PRESENT POSTOFFICE OF FATHER Kingston St. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Horrie S.C.
 (13) OCCUPATION Lumber business
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Phillips
 (15) PRESENT POSTOFFICE OF MOTHER Kingston S.C. St. 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Williamsburg
 (19) OCCUPATION House wife
 (21) 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 9 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Oran T. Tisdale
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingston S.C.

Given name added from a supplemental report

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

(27) Filed Mar 8 1923 (28) S. T. Tisdale 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.

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