

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. — For State Registrar Only

29619

Registered No. 91
(For use of Local Registrar)

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

(2) Full Name of Child Mary Watson

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

(3) Sex of Child

(4) Twin or Triplet

(5) Number of Birth

(6) Are Parents Married

(7) DATE OF BIRTH

Sept 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Valley Smith

(9) PRESENT POSTOFFICE OF FATHER

Sumter SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21
(Year)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

J.H. Smith

MOTHER.

(14) NAME BEFORE MARRIAGE

Isabella Watson

(15) PRESENT POSTOFFICE OF MOTHER

Sumter SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19
(Year)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Isabella Watson

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

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... at ... on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Isabella Watson
Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Sept 14, 1923

19
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.