

MARGIN RESERVED FOR BINDING.  
 WHEN PLAINLY, WITH ENLARGING INDENTURE, THIS IS A FATHER'S FIRST-BORN CHILD, and mark the  
 County of Burkly  
 Township of .....  
 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.  
 (If child is not yet named, make supplemental report as directed.)

(1) PLACE OF BIRTH

County of Burkly  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

3249

Registration District No. .... Registered No. D.D. .....  
 (For use of Local Registrar)

(2) Full Name of Child Hattie Watson

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 7/13/22  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME T. W. Watson  
 (9) PRESENT POSTOFFICE OF FATHER Strawberry  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Burkly County S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Watson  
 (15) PRESENT POSTOFFICE OF MOTHER Strawberry  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)  
 (18) BIRTHPLACE Burkly County S.C.  
 (19) OCCUPATION at home  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) B. H. M.  
 (24) State whether: Physician or Midwife Physician (25) Address of Physician or Midwife Strawberry S.C.

Given name added from a supplemental report  
 .....  
 19 .....

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed 7/13/22 (28) Local Registrar C. H. M.

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.