

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Christiansburg</u></p> <p>Township of <u>Chowan</u></p> <p>or</p> <p>Inc. Town of .....</p> <p>or</p> <p>City of .....</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p><b>CERTIFICATE OF BIRTH</b></p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><b>76335</b></p>	
		<p>Registration District No. <u>1201</u></p>		<p>Registered No. <u>83</u></p> <p>(For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Glades Watson</u></p> <p>(If child is not yet named, make supplemental report as directed)</p>					
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>Girl</u>			<u>Yes</u>	<u>Sept-1-1916</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Richard Watson</u>			(14) NAME BEFORE MARRIAGE <u>Louise Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Chowan SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chowan SC</u>		
(10) COLOR OR RACE <u>Black</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 P</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy Lee</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Chowan SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Sept-10-1916</u> (28) <u>P. B. Ingram</u> 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.