

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 12-For Sub Registrar

37763

County of Spartanburg
Municipality of Clifton
or
the Town of Clifton

Registration District No. 4008 Registered No. 322
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Keesh Watson If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) Twin or Triplet X (4) Number in order of birth X (5) Are Parents Married yes (6) DATE OF BIRTH 11-6-23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(7) FULL NAME <u>Clarence Watson</u>	(14) NAME BEFORE MARRIAGE <u>Bernice Rickett</u>	(8) PRESENT RESIDENCE OF FATHER <u>Clifton S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Clifton S.C.</u>
(9) COLOR OR RACE <u>Black</u>	(16) AGE AT LAST BIRTHDAY <u>29</u>	(10) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(11) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Turner</u>	(12) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(13) Number of children born to father, including present birth <u>5</u>	(20) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at Clifton on the date above stated. (Born alive or stillborn) (Name, M. or F. M.)

(22) (Signature) H. S. Pearson (23) Address of Physician or Midwife Clifton S.C.

Give name added from a supplemental report

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

(25) Filed Nov. 30 1923 (26) Ms. G. K. Parker 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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