

1. PLACE OF BIRTH

County of Charleston
 Township of James Island
 or
 Town of

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

No. for State Registry Card
17002

Registration District No. 904

Registered No. 35
 (For use of Local Registrar)

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

Full Name of Child Maria Watson

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

SEX ON BIRTH L (1) Sex of Child
 (2) Date of Birth June 11, 1923
 (3) Age at Birth No
 (4) Date of Birth June 11, 1923
 (5) Age at Birth No

FATHER.
 FULL NAME Isaac Hamilton
 PRESENT POSTOFFICE OF FATHER P.O. Charleston S.C.
 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
 BIRTHPLACE James Island
 OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Watson
 (15) PRESENT POSTOFFICE OF MOTHER P.O. Charleston S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE James Island
 (19) OCCUPATION Farm helper

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

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

(22) (Signature) Mary Watson
 (23) State whether Physician or Midwife Midwife P.O. Charleston S.C.
 (24) Address of Physician or Midwife

name added from a supplemental report

(25) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed June 23, 1923 (27) G. R. Seabrook
 Registrar

If 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 stillborns before the fifth month of pregnancy.