

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

50495

County of Spartanburg STATE OF SOUTH CAROLINA.

Township of Cross Anchor Bureau of Vital Statistics

or Inc. Town of State Board of Health

Registration District No. 4003 Registered No. 8
(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.)

(2) Full Name of Child. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? twins (5) Number in order of birth 2nd (6) Are Parents Married? (7) DATE OF BIRTH Feb, 5, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elijah McDonald Watson

(14) NAME BEFORE MARRIAGE Hanna Hill McCraw

(9) PRESENT POSTOFFICE OF FATHER Cross Anchor S.C.

(15) PRESENT POSTOFFICE OF MOTHER Cross Anchor S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Cross Anchor S.C.

(18) BIRTHPLACE Cross Anchor S.C.

(13) OCCUPATION Farming & Preaching

(19) OCCUPATION Housewife Teaching

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Patton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cross Anchor S.C.

Given name added from a supplemental report

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

(27) Filed Mar 9 1916 (28) C. D. Hamon 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.

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. McCaw, of Columbia.