

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.  
 BECAUSE OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Auderson  
 Township of Melhampton  
 Inc. Town of Pager, S.C.  
 City of .....

CERTIFICATE OF BIRTH

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

No. 30894

Registration District No. 3 Registered No. 116  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Ellen Watt If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 2 (7) Date of birth Sept 9 1923  
 To be answered only in case of Twin or Triplet (Month of birth) (Day) (Year)

FATHER.

(8) FULL NAME Henry Watt  
 (9) PRESENT RESIDENCE OF FATHER Pager, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION mill work

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Starks  
 (15) PRESENT RESIDENCE OF MOTHER Pager, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) J. M. M. M. (23) State where Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Nov 8 1923 (27) 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.