Form No. 1

(1) PLACE OF BIRTH

County of Barnwell

Township of .....

or Inc. Town of Barnwell

or City of .....

CERTIFICATE OF BIRTH

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

File No.—by Bureau Registrar only
2935

Registration District No. 6a

Registered No. 5
(For use of Local Registrar)

(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 Rachael Watts

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

(3) SEX (Sex of child)	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Twins or Triplets Living?	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Female			Yes	October	15	23

FATHER

(8) FULL NAME: Watts

(9) PRESENT POSTOFFICE OF FATHER: Barnwell S.C.

(10) COLOR OR RACE: Black (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Barnwell S.C.

(13) OCCUPATION: Laborer

(14) Number of children born to mother, including present birth: 2

MOTHER

(15) MAIDEN NAME: Alice Watts

(16) PRESENT POSTOFFICE OF MOTHER: Barnwell S.C.

(17) COLOR OR RACE: Black (18) AGE AT LAST BIRTHDAY: 26 (Years)

(19) BIRTHPLACE:

(20) OCCUPATION:

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Lewis Kass

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Barnwell S.C.

Given name added from a supplemental report .....

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) .....

When there is no physician in attendance, the certificate of birth must be signed by the midwife or by the parent or parents of the child.

WARNING—Any person who knowingly and willfully makes a false statement in a certificate of birth, or who knowingly and willfully supplies false information intended to be used in the preparation of such certificate, or who knowingly and willfully alters, amends or mutilates such certificate, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year, or both.