

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of Center H.  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**18677**

Registration District No. 2.1.1.1 Registered No. 11  
 (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 Dorabella Watson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 1 (6) An Parents Married? single (7) DATE OF BIRTH June 18 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Not given

(9) PRESENT POSTOFFICE OF FATHER .....

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

(12) BIRTHPLACE .....

(13) OCCUPATION .....

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Huthingson

(15) PRESENT POSTOFFICE OF MOTHER Georgetown

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Georgetown S.C.

(19) OCCUPATION House work

(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 alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Bussine

(24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Georgetown 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 Jan. 22 1922 (28) E. L. Hutcherson 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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