

MARGIN RESERVED FOR BINDING.  
WHITE 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.

(1) PLACE OF BIRTH

County of Chester

Township of Roseville

or  
Inc. Town of .....

or  
City of .....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14270

Registration District No. 1107 Registered No. 5-8

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child

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

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Booker T. Watson

9) PRESENT POSTOFFICE OF FATHER Great Falls SC

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

12) BIRTHPLACE Chester Co SC

13) OCCUPATION Laborer

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

MOTHER.

14) NAME BEFORE MARRIAGE Sue M Callough

15) PRESENT POSTOFFICE OF MOTHER Great Falls SC

16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

18) BIRTHPLACE Chester Co SC

19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. McKeown M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls SC

Given name added from a supplemental report

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

(27) Filed 5/16 1922 (28) J. B. McKeown 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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