

WRITE IN THIS BLANK WITH ENVELOPING PENK—THIS IS A PERMANENT RECORD.
 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 2.
 M.C.C.A.W. of Columbia
 M.C.C.A.W. of Columbia
 M.C.C.A.W. of Columbia

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville
 (If birth occurs in a hospital or other institution, give name of _____ St.; _____ Ward,
 (For use of Local Registrar.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar
4308

Registration District No. 7200 Registered No. 2

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>Is to be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>
(7) DATE OF BIRTH <u>July 12</u> <small>(Name of Month) (Day) (Year)</small>			
(8) FULL NAME <u>Babus F. Wat</u> FATHER.		(9) NAME BEFORE MARRIAGE <u>Marion M. Allen</u> MOTHER.	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville</u>		(13) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(13) OCCUPATION <u>City Freight Delivery</u>		(14) BIRTHPLACE <u>Hamdenburg S.C.</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive, at 4 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allen F. Watson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report _____ 191_____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 191_____

 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.

 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.

 Local Registrar