

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Shartanburg

(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

No. 10. - For State Registrar Only

37550

Registration District No. 40-0Registered No. 506

(For use of Local Registrar)

(No. 2.3. Rutledge)

St. 1 Ward 1(2) Full Name of Child Theresa Albert Watson

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

| | | | | |
|--------------------------------|---|--|-----------------------|---|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>3</u> | (6) Sex <u>yes</u> | (7) DATE OF BIRTH <u>Oct 14 23</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|--|-----------------------|---|

FATHER.

(8) FULL NAME Robert W. Watson(9) PRESENT POST OFFICE OF FATHER Shartanburg(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE N.C.(13) OCCUPATION A. R. Foreman(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE M. and Ladd.(15) PRESENT POST OFFICE OF MOTHER Shartanburg(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Home(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour - M. or P. M.)(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shartanburg S.C.

(If name added from a supplemental report)

W. W. Boyd #36812-1-23
Registrar

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

(27) Filed 12-1-23 (28) W. W. Boyd 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.