

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

File No.—For State Registrar Only
51721

(1) PLACE OF BIRTH
 County of Chesterfield
 Township of Court House
 Inc. Town of
 City of
 Registration District No. 1203 Registered No. 41
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marie Watson { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin yes or triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 16
Is to be answered only in event of Twin or Triplet. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Vimou Watson
 (9) PRESENT POSTOFFICE OF FATHER McFarlan N.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Chesterfield Sc.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Charlotta Ponce
 (15) PRESENT POSTOFFICE OF MOTHER McFarlan N.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Chesterfield Sc.
 (19) OCCUPATION Farmer Travel.
 (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 10:50 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) H. H. Brock
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Charan Sc.

Given name added from a supplemental report
 1st

 Registrar

(26) Witness D. F. Brock
 (Signature of Witness necessary only when question 23 is signed by midwife)
 (27) Mar 17 1916 (28) R. E. Mullen
 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.

WRITER 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.