

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

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

41093

Registration District No. 705Registered No. 136
(For use of Local Registrar)

(2) Full Name of Child

Isaac Watson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

3

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isaac Watson

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Public Work

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Harris

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

House-wife

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Katie Dick

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Midwife St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 20 22

(28)

He. O. Long
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.

MAILED
 1922
 DECEMBER 20
 10 P.M.
 41093