

Form No. 1

(1) PLACE OF BIRTH L

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25486

County of YorkTownship of 2nd

or

Inc. Town of

or

City of

Registration District No. 225 Registered No. 43
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James H. Watson (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH May 5 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James H. Watson9) PRESENT POSTOFFICE OF FATHER York S.C. #210) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 36 (Years)12) BIRTHPLACE S.C.13) OCCUPATION mer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Mrs. H. Rathiff15) PRESENT POSTOFFICE OF MOTHER York S.C. #216) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 27 (Years)18) BIRTHPLACE S.C.19) OCCUPATION house work21) 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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Newman

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled 19 (28) G. B. Redfern 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.