

WRITE 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.

MADE IN COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County *Laurens*Township of *Friend*

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.)

(2) Full Name of Child *Willie C. Watts*

File No.—For State Registrar Only

15667

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2402* Registered No. *140*

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) SEX OR SEX?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<i>Boy</i>			<i>yes</i>	<i>May 4, 1922</i>
(Name of Month) (Day) (Year)				

FATHER.

(8) FULL NAME *Willie Watts*

(9) PRESENT POSTOFFICE OF FATHER *Maunfulee*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Laurens Co.*

(13) OCCUPATION *Farm*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jessie Davis*

(15) PRESENT POSTOFFICE OF MOTHER *Maunfulee*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *Laurens Co.*

(19) OCCUPATION *Farm*

(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 *born alive* at *8:45* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. H. H. H.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Laurens Co.*

Given name added from a supplemental report

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

(27) Filed *May 5, 1922* (28) 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 Only

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Registrar

Ward

ed, make

directed

1922

(Year)

Liberal

R. H.

28

(Year)

Midwife

C.

Registrar

WPA