

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(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

1652

Registration District No. 24 Registered No. 21

(For use of Local Registrar)

(No. O'Neill St. 3 Ward)(2) Full Name of Child Charles Howard Watson

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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1

To be completed only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 9th 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Hiram Watson(9) PRESENT POSTOFFICE OF FATHER Newberry, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Miller (Printer)(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Minerva Lee(16) PRESENT POSTOFFICE OF MOTHER Newberry, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 20 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(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 born alive at 3:25 A.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianNewberry, S.C.

Given name added from a supplemental report

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

(27) ... (28) ... Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If child breathes even once, it must be reported as a birth. No report is desired of stillbirths before the end of pregnancy.