

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Friendship

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

14372

Registration District No. 1304Registered No. 20.....
(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 Hampton Watson

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

3 BOY OR GIRL <u>SC</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>May 27, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Emmel Watson</u>			14 NAME BEFORE MARRIAGE <u>Rena Watson</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Remini SC</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Remini SC</u>	
10 COLOR OR RACE <u>Cal</u>	11 AGE AT LAST BIRTHDAY <u>18</u> (Years)	16 COLOR OR RACE <u>Cal</u>	17 AGE AT LAST BIRTHDAY <u>18</u> (Years)	
12 BIRTHPLACE <u>Clarendon SC</u>			18 BIRTHPLACE <u>Clarendon SC</u>	
13 OCCUPATION <u>Lumber Sale</u>			19 OCCUPATION <u>Freel</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Friendship

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar(27) Filed May 31, 1922 (28) F. E. Reeborn
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.

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.