

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Philip
 or
 Inc. Town of Charleston
 or
 City of Charleston, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17950

Registration District No. 9.9.9 Registered No. 110
 (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 Watson If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Watson
 9 PRESENT POSTOFFICE OF FATHER North Charleston
 10 COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 23 (Years)
 12 BIRTHPLACE Charleston
 13 OCCUPATION Labourer

MOTHER.

(14) NAME BEFORE MARRIAGE Pelia Watson
 (15) PRESENT POSTOFFICE OF MOTHER North Charleston
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Domestic

20 Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

..... 19 ..
 Registrar

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

(27) Filed June 11, 1922 (28) C. F. Myers
 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.

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