

16 093553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Edgfield
 Township of Cheswood
 or
 Inc. Town of _____
 or
 City of None

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1804

FILE No.—For State Registrar Only

0137

Registered No. _____
(For use of Local Registrar)(No. at home 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

Tillman Davis Watson

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

3. Boy or ☒ GirlIf Plural
births4. Twins, triplets or other... no6. Premature... no

7. Are Parents

8. Date of birth

Sept 219165. Number, in order of birth... noFull term... yesMarried? yes

(Month, day, year)

9. Full
name

FATHER

Milton Alexander Watson18. Name before
marriage

MOTHER

Bertha Elizabeth Padgett10. Residence (mailing address)
(If non-resident, give place and State)Edgfield, S.C.19. Residence (mailing address)
(If non-resident, give place and State)Edgfield, S.C.

11. Color or race

white

12. Age at child's birth

38

(years)

20. Color or race

white

21. Age at child's birth

31

(years)

13. Birthplace (city or place)
(State or country)Edgfield County22. Birthplace (city or place)
(State or country)Edgfield County14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.housekeeper15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.postmaster24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.housekeeper16. Date (month and year last)
engaged in this work17. Total time (years)
spent in this work25. Date (month and year last)
engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)

(a) Born alive and now living

7

(b) Born alive but now dead

28. If stillborn,
period of gestationnonemonths
weeks

29. Cause of stillbirth

✓

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Alive at 8 o'clock a.m. on the date above stated.
(Born alive or stillborn)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

(Signed) _____, Parent

or Cassius B. Watson, GuardianAddress Johnston - S.C.Filed Sept. 11, 1916 M. B. Woodward, M.D.,

Registrar.

Registrar.