

16 093553

1. PLACE OF BIRTH
 County of Edgefield
 Township of Clunwood
 or
 Inc. Town of.....
 or
 City of None (No. at home St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

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)2. FULL NAME OF CHILD Tillman Davis Watson If child is not yet named, make supplemental report as directed.

3. Boy or <input checked="" type="checkbox"/> Girl	If Plural births <input type="checkbox"/>	4. Twins, triplets or other... <u>no</u>	6. Premature... <u>no</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Sept 2</u> , 19 <u>16</u> (Month, day, year)
		5. Number, in order of birth <u>no</u>	Full term.....		

9. Full name of FATHER <u>Milton Alexander Watson</u>	18. Name before marriage of MOTHER <u>Bertha Elizabeth Padgett</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>Deceased</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Edgefield, S.C.</u>

11. Color or race <u>white</u>	12. Age at child's birth <u>38</u> (years)	20. Color or race <u>white</u>	21. Age at child's birth <u>34</u> (years)
13. Birthplace (city or place) (State or country) <u>Edgefield County</u>	22. Birthplace (city or place) (State or country) <u>Edgefield County</u>		

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeper</u>
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>postmaster</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housekeeper</u>
16. Date (month and year last) engaged in this work <u>June 1, 1923</u>	25. Date (month and year last) engaged in this work <u>June 22, 1919</u>
17. Total time (years) spent in this work <u>2</u>	26. Total time (years) spent in this work <u>12</u>

27. 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 0 (c) Stillborn 028. If stillborn, period of gestation none months 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

Given name added from a supplementary report.....
(Date of)or Carroll B. Watson, Registrar, GuardianAddress Johnston - S.C.Filed Sapt. 11, 1916 M. B. Woodward, M.D.

Registrar.

Registrar.

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)