

(1) PLACE OF BIRTH

County of Dorchester
Township of RogerCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

64134

Inc. Town of Registration District No. 17051 Registered No. 34
(For use of Local Registrar)
City of (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 Filley, Lue Watson } If child is not yet named, make supplemental report as directed(1) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Watson(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 80 (Years)(12) BIRTHPLACE Dorchester Co. S.C.(13) OCCUPATION Farm work(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Luiser Felder(15) PRESENT POSTOFFICE OF MOTHER Dorchester Co. Reevesville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Dorchester Co. Reevesville S.C.(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 4 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Charles Watson
(24) State whether Physician or Midwife mark (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness J. H. Hill
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 28, 1916 (28) L. M. Heaton
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia