

Form No. 3

(1) PLACE OF BIRTH

County of Marion
Township of Leaves
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
43647

Registration District No. 3705 Registered No. 158
(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 John William Watts 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 Dec 17 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Popl Watts
(9) PRESENT POSTOFFICE OF FATHER Conway SC
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE Harvey County SC
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Attinay
(15) PRESENT POSTOFFICE OF MOTHER Conway SC
(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE Marion County SC
(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J.H. Russell M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion, S.C.

Given name added from a supplemental report
Christ Robert
J.H. Russell M.D.
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 9 1923 (28) J.H. Russell 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.

USE IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.