

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64649

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
OR
Inc. Town of
OR
City of

Registration District No. 2316 Registered No. 88
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child... Helen Watson

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. A. Watson

(9) PRESENT POSTOFFICE OF FATHER Greenville R.F.D.

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Thomas

(15) PRESENT POSTOFFICE OF MOTHER Greenville R.F.D.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wesley Carroll Winder

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed July 10, 1916 (28) S. R. Barber 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.
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