

1) PLACE OF BIRTH

County of Sumter
 Township of Private
 or
 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

91988

Registration District No. 4104 Registered No. 142
 (For use of Local Registrar)

(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 Silas Watson 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 16 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Watson

(9) PRESENT POSTOFFICE OF FATHER Jindal A.P.R.#1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE Clarendon Co. S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Allie Dukes

(15) PRESENT POSTOFFICE OF MOTHER Jindal A.P.R.#1

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (Year)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION House & farm work

(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 10 A.M.
 on the date above stated. (Born live or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Harmon Watson

(24) State whether Physician or midwife Midwife (Physician or midwife)

Given name added from a supplemental report

(26) Witness Silas B. Proth

(27) File Dec 23 1916 (28) Silas B. Proth 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.