

## (1) PLACE OF BIRTH

County of *Winston*Township of *Hopk*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9436

Registration District No. *7301*Registered No. *34*

(For use of Local Registrar)

(2) Full Name of Child *Sarah Louise Watson*

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

(3) BOY OR GIRL *girl*

(4) Twin or triplet?

(5) Number in order of birth

Is to be answered only in case of twins or triplets

(6) Are Parents Married *yes*(7) DATE OF BIRTH *Mar. 27, 1922*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Alex Watson*(9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Mill Hand*(14) Number of children born to mother, including present birth *8*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Susan M. Fadden*(15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive 6 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Yannakie Watson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by male)

(27) FILED *Mar 29 1922* (28) *J. C. Blackwell* 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.

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