

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.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville
 (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
50488

Registration District No. 4003

Registered No. 1
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Rhyle Lucile Watson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Watson
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Spartanburg, S.C.
 (13) OCCUPATION Home
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Cheek
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 46 (Years)
 (18) BIRTHPLACE Lantern Co., S.C.
 (19) OCCUPATION Housewife work
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(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 23 is signed by mark)

(27) Filed June 10

(28)

[Signature] 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.

Registrar

Local Registrar.

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