

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross Arch
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

23927

Registration District No. 4003

Registered No. 60
(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 Everett Williams Watts

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 17 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Whitner Williams Watts #1
9) PRESENT POSTOFFICE OF FATHER Cross Arch, S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 21 (Years)
12) BIRTHPLACE Durham, Spartanburg Co., S.C.
13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Nancy Pruitt
15) PRESENT POSTOFFICE OF MOTHER Cross Arch S.C. #1
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 18 (Years)
18) BIRTHPLACE Pauline, S.C. Spartanburg Co.
19) OCCUPATION at home

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:55 M., on the date above stated. (Born alive or stillborn. (Hour A.M. or P.M.))

(23) (Signature) M. B. Patton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cross Arch 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 July 14 1922 (28) C. D. Hanna 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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MARKED IN RED INK—THIS IS A PERMANENT RECORD. WITH ENFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 5.

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