

719/43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a

FILE No.—For State Registrar Only

01149

Registered No.

(For use of Local Registrar)

Ward)

2. FULL NAME OF CHILD Katherine Willimena Watson

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

3. Boy or Girl

If Plural
birthsGirl

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth May 519229. Full
name

FATHER

Amos R. WatsonFull term YesMarried? Yes

(Month, day, year)

18. Name before
marriage

MOTHER

Annie P. Barber

10. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.11. Color or race Negro12. Age at child's birth 23 (years)

13. Birthplace (city or place)

Richland County
(State or country)20. Color or race Negro21. Age at child's birth 24 (years)

22. Birthplace (city or place)

Winnsboro, S.C.
(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....Painter15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.....16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work 10

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.....25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work 527. Number of children of this mother
(At time of birth and including this child)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 028. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2. A. m. on the date above stated.{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report.....

(Date of)

Registrar.....

(Signed) Annie P. Barber, Parent
or....., Guardian

Address.....

Filed 7/2019 43L.A. Riser, M.D.,
Registrar

Paid