

719143

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) St.: Ward) Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD Katherine Willimena Watson

3. Boy or Girl

GirlIf Plural
births

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

6. Premature.....

Full term Yes

7. Are Parents

Married? Yes

8. Date of

birth May 5
(Month, day, year)1922If child is not yet named, make
supplemental report as directed.9. Full
name

FATHER

Amos R. Watson18. 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)

20. Color or race

Negro21. Age at child's birth 24 (years)

13. Birthplace (city or place)

Richland County
(State or country)

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.Painter

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housewife15. 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 1025. 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)

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

Address.....

Filed 7/20, 1923 L.A. Riser, M.D.
Registrar.PaidMARGIN 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.)

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

01149No comes 22 049406