

(1) PLACE OF BIRTH

County of Charleston
 Township of "
 or
 Inc. Town of "
 or
 City of Charleston
 (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
29215

Registration District No. 9A Registered No. 1344
 (For use of Local Registrar)

(2) Full Name of Child

Josephine Watson

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? No

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 11, 20
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ferry Watson

(9) PRESENT POSTOFFICE OF FATHER Char S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE James Creek

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Pollie Whaley

(15) PRESENT POSTOFFICE OF MOTHER Char S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE James Creek

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 8:45 a
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Bryan
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 157 Street St.

Given name added from a supplemental report

(26) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed 9/16/20 (28) [Signature]

19 Registrar

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.