(1) PLACE OF BIRTH

County of Montgomery

Township of G. B. [illegible]

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

5250

Registration District No. 107 Registered No. 19

(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 John Thomas Watson

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

(3) SEX	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Boy			yes	Feb 16 1923

FATHER.

(8) FULL NAME B. H. T. Watson

(9) PRESENT POSTOFFICE OF FATHER Sardis

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) MAIDEN NAME Jessie Arnold

(15) PRESENT POSTOFFICE OF MOTHER Sardis

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Home

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 3 P. M. (Hour)

(23) (Signature) D. T. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sardis

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 8 1923 (28) Mrs. J. C. White 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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