CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
29819

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville
or
Inc. Town of ..... Registration District No. [illegible] Registered No. [illegible]
(For use of Local Reistrar)
or
City of ..... (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 Mary Watts ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			Yes	Sept. 11, 1914 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Sam Watts	(14) NAME BEFORE MARRIAGE Rebecca Wilson
(9) PRESENT POSTOFFICE OF FATHER Abbeville	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Abbeville	(18) BIRTHPLACE Mt Carmel
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 10 30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Edwards

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Abbeville, S.C.

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed Sept 25 1915 (28) [illegible]
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.

Note: 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.

FORM No. 5

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

S. 12.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

STATE PRINTING DEPARTMENT, PRESERVING FOR BINDING.