

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of York Bridge
 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

31105

Registration District No. 3008Registered No. 59
(For use of Local Registrar)

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

(2) Full Name of Child William Stephen Watkins If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Oct 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Watkins(9) PRESENT POSTOFFICE OF FATHER York Bridge(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE Washington D.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Watkins(15) PRESENT POSTOFFICE OF MOTHER 45 Bishopville St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Larlington Co. S.C.(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 born alive at York M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 15 1922 (28) R. M. Smith 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.

MARGIN RESERVED FOR INDEXING.

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

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THEN OTHER No. 2, etc., in sequence.

BUREAU OF STATISTICS, COLUMBIA, S. C.