

THIS IS A PERMANENT RECORD.
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 6,
McW. of Columbia.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH
County of Richland
Township of Columbia
Inc. Town of Columbia
City of S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38 Registered No. 925
(For use of Local Registrar)

2) Full Name of Child Other Talbot Watkins
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 22, 1923
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Boley Thos Watkins (9) PRESENT POSTOFFICE OF FATHER Brookland S.C. (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)

MOTHER: (14) NAME BEFORE MARRIAGE Mrs Francis Bawen (15) PRESENT POSTOFFICE OF MOTHER Brookland S.C. (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C. (13) OCCUPATION Mechanic (18) BIRTHPLACE S.C. (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. N. Matthews, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Dec. 11, 1923 (28) noted 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.