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Standard Certificate of Birth

FILE No.—For State Registrar Only
00246

1. PLACE OF BIRTH

County of AndersonTownship of Pendleton

or

Inc. Town of

or

City of Pendleton, S.C.

STATE OF SOUTH CAROLINA

Registration District No. 310Registered No. 137

(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 Thomas Green Watkins, Jr. { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Yes 8. Date of birth Nov. 25, 1916
(Month, day, year)9. Full name Thomas Green Watkins FATHER18. Name before marriage Bessie Hunter MOTHER10. Residence (mailing address) Pendleton, S.C.
(If non-resident, give place and State)19. Residence (mailing address) Pendleton
(If non-resident, give place and State)11. Color or race White 12. Age at child's birth 31 (years)20. Color or race White 21. Age at child's birth 30 (years)13. Birthplace (city or place) Pendleton, S.C.
(State or country)22. Birthplace (city or place) Pendleton, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife15. Industry or business in which work was done, as sawmill, bank, etc. Gen. Mdse Store24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year) last engaged in this work to date 17. Total time (years) spent in this work _____25. Date (month and year) last engaged in this work Nov. 23 26. Total time (years) spent in this work _____27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead None (c) Stillborn None28. If stillborn, period of gestation No months _____ weeks _____ 29. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born Alive at 11:30 P m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Bessie H. Watkins, Parent

or _____, Guardian

Given name added from _____
a supplementary report _____ (Date of) _____Address Pendleton, S.C.Filed Dec 27, 1916 J. E. Watkins
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)