

(1) PLACE OF BIRTH

County of Greenville

Township of Mountain

or  
Inc. Town of .....

or  
City of .....

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

(2) Full Name of Child Eleanor Watkins

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Triplet

(5) Number in order of birth  
To be answered only in event of Twin or Triplet

(6) Are Parents Married? no

(7) DATE OF BIRTH Dec 23 19 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Watkins

(9) PRESENT POSTOFFICE OF FATHER Slipside

(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 29

(12) BIRTHPLACE SB

(13) OCCUPATION Dulick w

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Martin

(15) PRESENT POSTOFFICE OF MOTHER Gaffney

(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 23

(18) BIRTHPLACE SB

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Jan. 3, 1923 at SB, on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(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)

19  
Registrar

(27) Filed Jan. 11, 1923 (28) H. R. Ritchard 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.