

City of Springfield
County of Madison
In Town of

CERTIFICATE OF BIRTH
Office of Vital Statistics
Bureau of Vital Statistics
State Board of Health

5329

Registration District No. 4102 Registered No.
(For use of Local Registrar)

Day of (No. St.)
(If birth occurs in a hospital or other institution, give name of institution and street and number.)

(1) Full Name of Child Mary Elizabeth Watkins
(If child not yet named, make report as directed)

(2) Sex girl (3) Date of Birth Feb 2 1923
(4) Time of Birth yes (5) Date of Birth Feb 2 1923
(Name of Month) (Day) (Year)

FATHER.
(6) Name Jimmie James Watkins
(7) Present Residence of Father Belle S.C.
(8) Color white (9) Age at last birthday 23
(10) Birthplace Sumter Co S.C.
(11) Occupation Farmer
(12) Number of children born to mother, including present birth 1

MOTHER.
(13) Name before marriage Elizabeth Mooneyham
(14) Present Residence of Mother Belle S.C.
(15) Color white (16) Age at last birthday 19
(17) Birthplace Lee Co S.C.
(18) Occupation Housewife
(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(20) I hereby certify that I attended the birth of this child, who was Mary Elizabeth at 3 A.M.
on the date above stated. (When alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Mrs. E. A. Robinson
(22) State—whether Physician or Midwife Physician (23) Address of Physician or Midwife Mayersville S.C.

Given name added from a supplemental report
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Registrar

(24) Witness
Signature of Witness necessary only when question 23 is signed by mother
(25) Filed Feb 10 1923 (26) W. E. Cooper
Low, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report.
If a child breathes even once, it must not be reported as stillborn. No report is required until the 5th month of pregnancy.