

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)

1. PLACE OF BIRTH
 County of Orangeburg
 Township of _____
 or
 Inc. Town of Holly Hill
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If child is born in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 27009

FILE No.—For State Registrar Only
71355

Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Carolyn Watkins (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl girl If Plurality single Birth single Twin, triplet, or other _____
 4. Number, in order of birth _____ 5. Full term yes 6. Premature _____ 7. Age at birth 38 8. Date of birth Sept. 13, 1927
 (Month, day, year)

9. Full name of FATHER Benjamin Franklin Watkins

18. Full maiden name of MOTHER Eva Beardbrauch

10. Residence (usual place of abode) (If non-resident, give place and State) Holly Hill, S.C.

19. Residence (usual place of abode) (If non-resident, give place and State) Holly Hill, S.C.

11. Color or race W 20. Age at last birthday 41 (Years)

21. Color or race W 22. Age at last birthday 38 (Years)

13. Birthplace (city or place) (State or country) Holly Hill, S.C.

22. Birthplace (city or place) (State or country) St. George, S.C.

14. Trade, profession, or particular kind of work Farmer

23. Trade, profession, or particular kind of work Housekeeper

15. Industry or business in which work was done mill

24. Industry or business in which work was done, as own home, lawyer, tailor, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

26. Total time (years) spent in this work _____

27. Number of children of mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months _____ weeks _____) 29. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at _____ 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 certificate.)

(Signed S. P. Wells, M. D.)

Give name added from _____ (Date of) _____

or _____, Midwife

Address Holly Hill, S.C.

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Filed APR 2 1927 Registrar.

Martin B. Woodward, M. D.