

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		Standard Certificate of Birth		FILE No.—For State Registrar Only 71355	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA			
Township of _____		Bureau of Vital Statistics			
or Inc. Town of <u>Holly Hill</u>		State Board of Health			
or City of _____		Registration District No. <u>27-009</u>		Registered No. _____ (For use of Local Registrar)	
(If child is born in a hospital or other institution, give name of same instead of street and number)		(No. _____ St. _____ Ward _____)			
2. FULL NAME OF CHILD <u>Carolyn Watkins</u>		(If child is not yet named, make supplemental report as directed.)			
3. Boy or Girl <u>girl</u>	4. If Plurality birth _____	5. Twin, triplet, or other Number, in order of birth _____	6. Premature Full term <u>yes</u>	7. Age, in months Married <u>yes</u>	8. Date of birth <u>Sept. 13, 1937</u> (Month, day, year)
9. Full name FATHER <u>Benjamin Franklin Watkins</u>			18. Full maiden name MOTHER <u>Eva Beardbrauch</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Holly Hill, S.C.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Holly Hill, S.C.</u>		
11. Color or race <u>W</u> Age at last birthday <u>41</u> (Years)			20. Color or race <u>W</u> Age at last birthday <u>38</u> (Years)		
13. Birthplace (city or place) (State or country) <u>Holly Hill, S.C.</u>			22. Birthplace (city or place) (State or country) <u>St. George, S.C.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work <u>Housekeeper</u>	
	15. Industry or business in which work was done <u>mill</u>			24. Industry or business in which work was done, as own home, lawyer, clerk, 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) <u>3</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>✓</u> (c) Stillborn <u>✓</u>					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____			
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated. (Born alive or stillborn)</p> <p>(When there was no attending physician or midwife, then the father, householder, etc., should make this report.)</p> <p>(Signed <u>S. P. Wells</u>, M. D.)</p> <p>or _____, Midwife</p> <p>Address <u>Holly Hill, S.C.</u></p> <p>File <u>APR 2 1937</u> 19 _____ Registrar.</p> <p><u>Page 2/2</u></p> <p align="right"><u>Martin B. Woodward, M. D.</u></p>					