

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 <u>Orangeburg</u> Township of _____ or Inc. Town of <u>Holly Hill</u> or City of _____ (If birth occurs 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. _____		FILE No.—For State Registrar Only <u>22 049279</u>	
2. FULL NAME OF CHILD <u>CAROLYN WATKINS</u>		Registered No. _____ (For use of Local Registrar)		Ward _____	
3. Boy or Girl <u>GIRL</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>YES</u>	7. Are Parents Married? <u>YES</u>
8. Date of birth <u>Sept. 13</u> , 19 <u>22</u> (Month, day, year)		If child is not yet named, make supplemental report as directed.			
9. Full name <u>FATHER</u> <u>Benjamin Franklin Watkins</u>			18. Name before marriage <u>MOTHER</u> <u>Eva Beaudroth</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>HOLLY Hill, SC</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Holly Hill, SC</u>		
11. Color or race <u>white</u>		12. Age at child's birth <u>41</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) (State or country) <u>Holly Hill, SC</u>		21. Age at child's birth <u>38</u> (years)		22. Birthplace (city or place) (State or country) <u>St. George, SC</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
16. Date (month and year last) engaged in this work _____		17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____		27. Number of children of this 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 _____		(c) Stillborn _____	
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
Specify any physical deformities of child at birth.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify to the birth of this child, who was _____ 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 return.) Given name added from a supplementary report <u>Page 1 of 2</u> (Date of) _____		I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date. (Name of Prophylactic) _____ (Signed) <u>S. P. Wells, M. D.</u> or _____ Address _____ Filed <u>April 2</u> , 19 <u>37</u> <u>M. B. Woodward, M.D.</u> Registrar.			

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
 J. MARION SIMS BUILDING — 2600 BULL STREET
 COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
 Commissioner and State Registrar

Doris M. Byars
 Assistant State Registrar