

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>		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. _____ Registered No. _____ (For use of Local Registrar)		FILE No.—For State Registrar Only <u>22 049279</u>	
Township of _____ or Inc. Town of <u>Holly Hill</u>				City of _____ (No. _____ St. _____ Ward _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)	
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>	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)
9. Full name <u>FATHER Benjamin Franklin Watkins</u>			18. Name before marriage <u>MOTHER Eva Beaudroth</u>		
10. Residence (mailing address) <u>HOLLY Hill, SC</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>Holly Hill, SC</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at child's birth <u>41</u> (years)		20. Color or race <u>white</u> 21. Age at child's birth <u>38</u> (years)	
13. Birthplace (city or place) <u>Holly Hill, SC</u> (State or country)			22. Birthplace (city or place) <u>St. George, SC</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year last) engaged in this work _____ 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____ 19____	
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.)		I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date.		(Signed) <u>S. P. Wells, M. D.</u> , Registrar	
Given name added from a supplementary report <u>Page 1 of 2</u> (Date of) _____		(Name of Prophylactic) _____		or _____ Registrar	
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