

(1) PLACE OF BIRTH

County of Aiken Co.Township of Chungutownor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35381

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

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 17, 1932
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jane Clarence Watkins(9) PRESENT POSTOFFICE OF FATHER Barnesville, Ga.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Aiken Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Lou Wheeler(15) PRESENT POSTOFFICE OF MOTHER Sarnaville, Ga.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Aiken Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Gibson(24) State whether Physician or Midwife M. W.(25) Address of Physician or Midwife Hotelsburg, Ga.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed (28) Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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