

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Williamburg STATE OF SOUTH CAROLINA,
Township of Kingstree Bureau of Vital Statistics
or
Inc. Town of Kingstree State Board of Health
or
City of Kingstree, S.C. (No. West Main St.; Ward Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

16 095059

Only

Registration District No. 43rd Registered No. 35
(For use of Local Registrar)
Full Name of Child Joseph Watkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 17 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elias Watkins

(14) NAME BEFORE MARRIAGE Mary Halil

(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Mt. Lebanon, Syria

(18) BIRTHPLACE Mt. Lebanon, Syria

(13) OCCUPATION Merchant

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Seven

(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Hall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingstree, S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 21, 1917 (28) J. B. McEntchen 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.

MARGIN RESERVED FOR FINDING.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.