

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

38720

County of *Lee*Township of *Cherokee Bridge*

or

Inc. Town of

or

(City of

Registration District No. *3008*Registered No. *29*

(For use of Local Registrar)

(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

Craw Lee 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?

(7) DATE OF BIRTH

Sept 19 28

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME

Craw Lee Watkins

(9) PRESENT POSTOFFICE OF FATHER

Bishopville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Washington Co. S.C.

(13) OCCUPATION

Farming

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

7

MOTHER

(14) NAME BEFORE MARRIAGE

Julia Martha Cotton

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(years)

(18) BIRTHPLACE

Washington Co. S.C.

(19) OCCUPATION

Laundress

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1 P.M.* on the date above stated.

(23) (Signature)

Chas. Sanders

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bishopville 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

Sept 19 28

(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 28th month of pregnancy.

FIRST-BORN. No. 1. THE OTHER. No. 2. etc., in question 1.