

(1) PLACE OF BIRTH

County of UnionTownship of Bogartville

or

Town of Buffalo S.C.

or

City of

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

2) Full Name of Child Harris WatkinsFile No. — For State Registrar Only
66503

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. H-13 Registered No. 113

(For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Shepard Watkins(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Pub. Works(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna Crenshaw(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Union Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

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) Tempest Green(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Buffalo S.C.(26) Witness J. Woodward

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

(27) Filed June 30 1916

(28)

Local Registrar

Given name added from a supplemental report

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.