

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

County of

Greenwich

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

17822

Township of

Greenwich

Registration District No. 2209A

Registered No. 1194

(For use of Local Registrar)

Inc. Town of

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

Joshua Chobas Watkins

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Feb 10 1920

(8) FULL NAME

FATHER: John Herbert Watkins

(9) NAME BEFORE MARRIAGE

MOTHER: Corrie Russell

(10) PRESENT POST OFFICE OF FATHER

Greenwich S.C.

(11) PRESENT POST OFFICE OF MOTHER

Greenwich S.C.

(12) COLOR OR RACE

W

(13) AGE AT LAST BIRTHDAY

27

(14) COLOR OR RACE

W

(15) AGE AT LAST BIRTHDAY

26

(16) BIRTHPLACE

S.C.

(17) BIRTHPLACE

Ken

(18) OCCUPATION

Mechanic

(19) OCCUPATION

Domestic

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

1

(21) 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 ... at ... on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Date

June 18 1923

(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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