

## (1) PLACE OF BIRTH

County of CharlestonTownship of SummervilleOR  
Inc. Town of .....OR  
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

41501

Registration District No. .... Registered No. 170  
(For use of Local Registrar)(2) Full Name of Child Alvin Watkins (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? Trip (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Watkins(9) PRESENT POSTOFFICE OF FATHER Gaffney(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Seaman(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Floyd Martin(15) PRESENT POSTOFFICE OF MOTHER Gaffney(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Seaman(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Jan 6/23 at SC M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frederica(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 19 19 (28) H. R. Pritchard  
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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