

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of McDuffie

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State House of Representatives

File No. For State Registrar Only
15007

Township of

or
Inc. Town of Borden

Registration District No. 4500

Registered No. 16
(For use of Local Registrar)

or
City of

(No. Birth at home 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 Madge Watkins

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet No 5) Stillborn No 6) Name of Mother John 7) DATE OF BIRTH July 20, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Walter Watkins

9) PRESENT POSTOFFICE OF FATHER Borden

10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 44
(Year)

12) BIRTHPLACE Farmer SC

13) OCCUPATION farmer

20) Number of children born to mother, including present birth 9 nine

MOTHER.

14) NAME BEFORE MARRIAGE John 717 way

15) PRESENT POSTOFFICE OF MOTHER Borden

16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 34
(Year)

18) BIRTHPLACE at home

19) OCCUPATION Farmer

21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Borden

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 10, 1923 (28) P. A. Mathison
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.