

(1) PLACE OF BIRTH

County of Laurens

Township of

Inc. Town of

City of Laurens

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

2) Full Name of Child Mary Elizabeth Watkins

File No. — For State Registrar Only

4383

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 299 Registered No. 7

(For use of Local Registrar)

(No. 425 Greenville St. St. Ward)

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

(1) BOY OR GIRL Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE BIRTH Feb 18 1923 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Lyman Watkins(7) PRESENT POSTOFFICE OF FATHER Laurens, S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 38 (Years)(10) BIRTHPLACE Laurens, S.C.(11) OCCUPATION Book Keeper(12) Number of children born to mother, including present birth 6

MOTHER.

(13) NAME BEFORE MARRIAGE Jennie Rife(14) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 35 (Years)(17) BIRTHPLACE Laurens Co., S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born born alive (Born alive or stillborn) (Hour A. M. or P. M.) 11(21) (Signature) Jessie H. Rife(22) State whether Physician or Midwife (23) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

Signature of Witness necessary only (Signature 20 is signed by mark)

43 O. H. H. H. H. H. Local Registrar

When there was no attending physician or midwife, the mother should make this return. If a child breathes even once, it is a live birth. If a child breathes even once, it is a live birth.

If a child breathes

If a child breathes