



PLACE OF BIRTH

Blount

STATE OF TENNESSEE

STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

45734

CERTIFICATE OF BIRTH

5

Registration District No. 40585

File No. 24

Primary Registration Dist. No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Friendsville

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward \_\_\_\_\_)

NAME OF CHILD Walter James Watkins

If child is not yet named, make supplemented report, as directed.

To be answered ONLY in event of plural births.

4. Twin, triple or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth

Dec. 13, 1930  
(Month, day, year)

5. Number, in order of birth \_\_\_\_\_

FATHER

MOTHER

M. Watkins

14. Full maiden name

Maud Baker

Address Friendsville

15. Residence

Post-office Address Friendsville

W

11. Age at last birthday 59 (years)

16. Color or race

W

17. Age at last birthday 36 (years)

Place (city or place)

Tenn

18. Birthplace (city or place)

(State or country)

Tenn

Occupation

Nature of Industry Farmer 000

19. Occupation

Nature of Industry Housewife

Number of children of this mother born as of time of birth of child as certified and including this

(a) Born alive and now living 7 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

(d) Born at full term yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 4 a.m. on the date above stated  
(Born alive or stillborn)

If there was no attending physician or midwife, then the father, householder, or wife, should make this return. A stillborn child is one that neither breathes nor shows evidence of life after birth.

Signature

J. S. Tipton, M.D.

(Physician or Midwife)

Name added from supplemental report

(Month, day, year)

Address

Friendsville, Tenn

Filed

Jan 10, 1931

Registrar.

Registrar.