

(1) PLACE OF BIRTH

County of Chesterfield, S.C.
Township of Chester, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17195

Inc. Town of Registration District No. 1201Registered No. 66
(For use of Local Registrar)

City of (No. 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 Larrie Josephine Hopkins

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

Boy or Girl girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH June 18 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER

Full Name

C. F. Hopkins

(14) NAME BEFORE MARRIAGE

Rosa Thompson

PRESENT POSTOFFICE OF FATHER

Chester, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Chester, S.C.

COLOR OF HAIR

white(11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE

Stanley Co., N.C.

(18) BIRTHPLACE

Stanley Co., N.C.

OCCUPATION

mill laborer

(19) OCCUPATION

HousewifeNumber of children born to father, including present birth 7(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was alive at 2:9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Henderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chester, S.C.

Name added from a supplemental report

(26) Witness

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

(27) Filed June 20 1923 (28) P. B. Ingram Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If it is made 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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