(1) PLACE OF BIRTH

County of Pickens

Township of Easley

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Registration District No..... Registered No.....
(For use of Local Registrar)

(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 Woodrow Wilson Hopkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet One

(5) Number in order of birth One

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 5th 1923.
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Hopkins

(9) PRESENT POSTOFFICE OF FATHER Easley, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Oconee County

(13) OCCUPATION Cotton Mill Work.

(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Manley

(15) PRESENT POSTOFFICE OF MOTHER Easley S.C. Rt. 6

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Pickens County

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. A. Cannon M.D.

(24) State whether Physician or ~~Midwife~~

(25) Address of Physician or ~~Midwife~~ Pickens S.C. Rt. 4.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) .....
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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