

(1) PLACE OF BIRTH

County of Hampton
 Township of Peoples
 or
 Inc. Town of Vareville
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4547

Registration District No. 2407 Registered No. 71
 (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

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

3) BOY OR GIRL Boy 4) Twin or Triplet? 1 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH July 22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>J. A. Hadwin</u>	14) NAME BEFORE MARRIAGE <u>Leonora D. Gooding</u>	9) PRESENT POSTOFFICE OF FATHER <u>Vareville, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Vareville S.C.</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>	13) OCCUPATION <u>machinist</u>	19) OCCUPATION <u>House wife</u>
20) Number of children born to mother, including present birth <u>Two</u>	21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:19 P.M., on the date above stated. (Born alive or stillborn (Hour, Min., or P.M.))

(23) (Signature) J. D. Burrell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Vareville, S.C.

Given name added from a supplemental report

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

(27) Filed July 18 1922 (28) J. M. Rogers 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.

MAINTAIN SEPARATE RECORD FOR EACH CHILD, AND MARK THE

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