

Form No. 1

## (1) PLACE OF BIRTH

County of MarbleTownship of 9

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

31451

Registration District No. 3410 Registered No. 94  
(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 Leah Lu Hawkins

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

3 BOY OR GIRL

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married?

(7) DATE OF

BIRTH Sept. 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

12 BIRTHPLACE

13 OCCUPATION

(11) AGE AT LAST BIRTHDAY 33  
(Years)

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY 29  
(Years)

20 Number of children born to mother, including present birth

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at 5 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phoebe Cannon

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

Given name added from a supplemental report

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

(27) Filed Sept 25, 1922 (28) W. T. Gibbs  
Registrar 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.