

(1) PLACE OF BIRTH

County of AndersonTownship of Watkinsor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 389 Registered No. 20
(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 A. L. Hawks (If child is not yet named, make supplemental report as directed)(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH 5-1-20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ellen Hawks(9) PRESENT POSTOFFICE OF FATHER Anderson #5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Hawkless(15) PRESENT POSTOFFICE OF MOTHER Anderson #5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Whitford (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson #5

Given name added from a supplemental report

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

June 20 20 (27) 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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Wood (Luh) #4