

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of #8or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruth Hawkins(3) BOY OR  
GIRL? girl(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH March 19 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME Julian Hawkins(9) PRESENT  
POSTOFFICE  
OF FATHER Newberry R 7(10) COLOR  
OR  
RACE B (11) AGE AT LAST  
BIRTHDAY 30  
(Years)(12) BIRTHPLACE  
S.C.(13) OCCUPATION  
Farming(20) Number of children born to  
mother, including present birth 3

## MOTHER

(14) NAME BEFORE  
MARRIAGE Ernie Hawkins(15) PRESENT  
POSTOFFICE  
OF MOTHER Newberry R 7(16) COLOR  
OR  
RACE B (17) AGE AT LAST  
BIRTHDAY 27  
(Years)(18) BIRTHPLACE  
S.C.(19) OCCUPATION  
Farm help(21) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 a.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Hattie Deal(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Newberry R 7Given name added from a supplement-  
tal report

(26) Witness

(Signature of witness necessary only  
when question 23 is signed by mark)(27) Filed May 10 1922(28) H. L. Barkware  
Local RegistrarWhen 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.