

(1) PLACE OF BIRTH

County of LowndesTownship of Marlinor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12843

Registration District No. 309 Registered No. 29
(For use of Local Registrar)

(No. St.) Ward)

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

(2) Full Name of Child Leo Hawkins

(1) SEX OF CHILD <u>Boy</u>	(4) Twin <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27 23</u> (Name of Month) (Day) (Year)
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(8) NAME BEFORE MARRIAGE <u>Lola Ashley</u>	
(9) PRESENT POSTOFFICE OF MOTHER <u>Irma = 4, 30</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>	
(14) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson = 8

Given name added from a supplemental report

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

(27) Filed June 20 23 (28) [Signature] 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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[Signature] #4