

Form No. 1

(1) PLACE OF BIRTH

County of Lalungto
 Township of Lamka
 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

29873

Registration District No. 15-04Registered No.....
(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 Ethel 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? yes(7) DATE OF
BIRTH Sept 6, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 32
(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 24
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Cooper(24) State whether Physician or Midwife(25) Address of Physician or Midwife
LamkaGiven name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 8, 1922(28) W. J. Chaplin
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.