

(1) PLACE OF BIRTH

County of Needham
Municipality of Needham

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31450

In Town of Registration District No. 3410 Registered No. 95
(For use of Local Registrar)
City of (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.....

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

(4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 20
(Name of Month) (Day) (Year)

FATHER.
NAME Walter Ray Hawkins
PRESENT POST OFFICE Needham S.C. R.F.D.
COLOR White (11) AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Needham Co. S.C.
OCCUPATION Farmer
Number of children born to 2
including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Irene Taylor
(15) PRESENT POST OFFICE OF MOTHER Needham S.C. R.F.D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)
(18) BIRTHPLACE Needham Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. D. Singleton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Chapel Hill, S.C.

Has name added from a supplemental report
..... 191....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 9, 1922 (28) M. T. Gibson
Local Registrar

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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