

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	Richland	STATE OF SOUTH CAROLINA		32017	
Township of	Sumter	Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of	Congaree	Registration District No.	3808	Registered No.	216
or				(For use of Local Registrar)	
City of	Jenkins	(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		Lara Hopkins		(If child is not yet named, make supplemental report as directed)	
(3) COMMON GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	3	(6) Are Parents Married?	No
(7) DATE OF BIRTH Sept 17, 1922 (Name of Month) (Day) (Year)					
FATHER			MOTHER		
(8) FULL NAME	Tom Hopkins		(14) NAME BEFORE MARRIAGE	Minnie Jenkins	
(9) PRESENT POSTOFFICE OF FATHER	Weston		(15) PRESENT POSTOFFICE OF MOTHER	Congaree	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	28	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	23
(12) BIRTHPLACE	Weston		(18) BIRTHPLACE	Congaree S.C.	
(13) OCCUPATION	Farmer		(19) OCCUPATION	Laborer	
(20) Number of children born to mother, including present birth	3		(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 at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		J. J. Howell			
(24) State whether Physician or Midwife		(25) Address of Physician or Midwife			
		Saint Helena			
Give name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed Sept 22, 1922 (28) J. J. Howell 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.					