

PLACE OF BIRTH

County of Newberry
 Township of No. 2
 or
 In Town of

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

No. for State Register Only
18526

Registration District No. 3400 Registered No. 14
 (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.)

(1) Full Name of Child James Hawkins If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) Type or Triplet To be answered only in case of Twins or Triplets (4) Number in order of birth 2nd (5) Are Parents Married Yes (6) DATE OF BIRTH Jan 21 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>R B Hawkins</u>	(14) NAME BEFORE MARRIAGE <u>Susanna Ruff</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Newberry S C R 710</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Newberry S C R 710</u>
(9) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(12) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(13) BIRTHPLACE <u>Newberry Co S C</u>	(15) BIRTHPLACE <u>Newberry Co S C</u>	(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housework</u>
(20) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>1 2</u>		

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. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Anna Suter (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Newberry S C

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. S. Cunningham

(27) Filed July 7 1923 (28) James S. Huff 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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