

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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
County of Orangeburg
Township of Elizabeth
or
Inc. Town of.....
or
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

Registration District No. 3604 File No.—For State Registrar Only
5257

Registered No. 14
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child John Hopfman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hopfman
(9) PRESENT POSTOFFICE OF FATHER Worcester
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Orangeburg Count.
(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Carson
(15) PRESENT POSTOFFICE OF MOTHER Worcester
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 45 (Years)
(18) BIRTHPLACE Orangeburg Count.
(19) OCCUPATION Field Hand

(20) Number of children born to mother, including present birth 13 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Indur
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Worcester

Given name added from a supplemental report

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

(27) Filed Jan 15 1922 (28) F. A. M. Rife 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.

RECEIVED OF COLUMBIA, D. C.