

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town of

or
City of Florence S.C.

(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

No. 30120

Registration District No. 20-A Registered No. 266

(For use of Local Registrar)

(2) Full Name of Child Louis Jenkins Hobbs

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 first (6) Are Parents Married Yes (7) DATE OF BIRTH 7-26-22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Leon August Hobbs

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 yrs

(12) BIRTHPLACE Manchester England

(13) OCCUPATION Stewart Hotel

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

MOTHER

(14) NAME BEFORE MARRIAGE Marion Groom

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 yrs

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(23) (Signature) Dr. J. M. Basswell (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

(26) Witness