

County of Clark
Township of 2nd E. B.
or
Inc. Town of 2nd St.
or
City of Wentz

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

3235

Registration District No. 201..... Registered No. 27.....
(For use of Local Registrar)

City of San Antonio (No. 100 St. 100 Ward 100)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

D. BOY OR GIRL? BOY
 4. Twin or Triplet? No
 5. Number in order of birth 1
 To be answered only in case of Twin or Triplet
 6. Are Parents Married? Yes
 7. DATE OF BIRTH Feb. 23 1922
 (State of Month) (Day) (Year)

FATHER

(b) FULL NAME - John Jacobson

PRESENT POSTOFFICE OF FATHER *Menlo Park*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Year)

12. BIRTHPLACE

7-2-1958

13. OCCUPATION

Assuring

(20) Number of children born to mother, including present birth 14

MOTHER

(14) NAME BEFORE MARRIAGE *Jerron Meitz*

(15) PRESENT POSTOFFICE OF MOTHER Monks Corner, SC

(15) COLOR OR Light (17) AGE AT LAST BIRTHDAY 23

(10) BIRTHPLACE

Berkeley CA.

(19) OCCUPATION

A Buck with

(21) Number of children of this mother now living, including present birth 13

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) Jessie W. Leach

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 14th St. N. W.

Given name added from a supplemental report.

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

Mar 6 1927 G. L. Grovato

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 or made before the fifth month of pregnancy.