

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

File No. For State Registrar Only
50422

Name of Child
 Sex
 Date of Birth
 Place of Birth
 Name of Mother
 Name of Father
 Name of Registrar

Registration District No. 40-C Registered No. 23
 (For use of Local Registrar)
 (No. St.; Ward)
 If child is not yet named, make supplemental report as directed

Name of Child Wila May Hawkins

(5) Number in order of birth 6 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 7 1916
 (Name of Month) (Day) (Year)

(8) NAME BEFORE MARRIAGE R. J. Hawkins
 (9) PRESENT POSTOFFICE OF MOTHER Inman SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Housewife
 (14) Number of children of this mother now living, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Licci Carter
 (15) PRESENT POSTOFFICE OF MOTHER Inman SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

NAME OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 12:15 M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Jos. R. Gibson M. D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Inman SC

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 13 1916 (28) E. A. Jones Local Registrar

If the child is not named, the father, householder, etc., should make this return. If the child is born stillborn, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.