

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

File No. — For State Registrar Only
50422

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

(1) Wila May Hawkins (2) Feb 7 1916
 (3) 6 (4) yes (5) DATE OF BIRTH
 (Name of Month) (Day) (Year)

(6) R. I. Hawkins
 (7) Immanuel
 (8) 36
 (9) white
 (10) Immanuel Co
 (11) Housewife
 (12) 6

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

(22) I hereby certify that I attended the birth of this child, who was born at Immanuel at 12:15 M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Jos. R. Gibson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Immanuel

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 13 1916 (28) E. A. Carter
 Local Registrar

If a physician or midwife attended the birth, then the father, householder, etc., should make this return. If a physician or midwife attended the birth, then the father, householder, etc., should make this return. If a physician or midwife attended the birth, then the father, householder, etc., should make this return. If a physician or midwife attended the birth, then the father, householder, etc., should make this return.