

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lenoirville  
Township of Granville  
or  
Inc. Town of Granville  
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

File No.—For State Registrar Only  
43065

Registration District No. 7 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(2) Full Name of Child Bessie Hawkins

If child is not yet named, make supplemental report as directed

(3) <u>BOY</u> GIRL?	(4) Twin or Triplet? <u>no</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 2 1914</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME FATHER <u>Rayon Hawkins</u>		(9) FULL NAME MOTHER <u>Mary Applegate</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Granville S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Granville S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(14) BIRTHPLACE <u>Mo</u>
(12) BIRTHPLACE <u>Granville S.C.</u>	(13) OCCUPATION <u>Long man</u>	(15) OCCUPATION <u>Domestic</u>	(16) Number of children born to mother, including present birth <u>3</u>	
(16) Number of children born to mother, including present birth <u>3</u>		(17) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. J. W. ...  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Physician Granville S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) File Dec 4 1914 (28) \_\_\_\_\_  
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.

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