

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 Wayneville

Township of Wayneville

or

Inc. Town of Wayneville

City of Wayneville

(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. 1

(For use of Local Registrar)

(2) Full Name of Child Bessie Hawkins

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

(3) BOY OR GIRL?

(4) Twin or Triplet? Yes

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Hawkins

(9) PRESENT POSTOFFICE OF FATHER Wayneville, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Wayneville, S.C.

(13) OCCUPATION Lumberman

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Hawkins

(15) PRESENT POSTOFFICE OF MOTHER Wayneville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Wayneville, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

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) W. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wayneville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File

Dec 4, 1911

(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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