

Form No. 1

(1) PLACE OF BIRTH

County of Adams
 Township of North
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28

Registration District No. 1. D. 4. Registered No. 1.....
 (For use of Local Registrar)

(No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lila Jane Hawthorn If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH July 19, 1923
 (Month of birth) (Day) (Year)

FATHER.

(8) FULL NAME Walter Tull

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Hawthorn(15) PRESENT POSTOFFICE OF MOTHER North(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Year) 46

(18) BIRTHPLACE

(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Adrian at 9. A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Hawthorn
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(27) Filed July 21, 1923 (28) J. H. Brooks
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Vital Statistics, Columbia, S. C.