

Form No. 1

(1) PLACE OF BIRTH

County of Wilkes
 Township of Schultz
 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

5672

Registration District No. 213Registered No. 7
(For use of Local Registrar)

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

(2) Full Name of Child Henry Hawkins

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? twins (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 12 23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hawkins(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 5(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Schultz(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 5(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE SC(19) OCCUPATION House

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Elam(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R 5

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/20 23 (28) S. L. Medlock
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.

THIS IS A PERMANENT RECORD.
 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 5