

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Lanham
 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

29859

Registration District No. 13-08Registered No. 161
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Hawkins { If child is not yet named, make supplemental report as directed

3. ~~Boy or~~ GIRL? ☐ 4. Twin or Triplet? ☐ 5. Number in order of birth ☐ 6. Are Parents Married? yes 7. DATE OF BIRTH Sept. 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

1. FULL NAME Ed Hawkins2. PRESENT POSTOFFICE OF FATHER Lanham10. COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
(Years)12. BIRTHPLACE SC13. OCCUPATION Farming20. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Maggie Petterson15. PRESENT POSTOFFICE OF MOTHER Lanham16. COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25
(Years)18. BIRTHPLACE SC19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Cooper(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lanham SC

Given name added from a supplemental report

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

(27) Filed Oct 2 22 (28) R. J. Chaplin 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.