(1) PLACE OF BIRTH

County of Union

Township of or Inc. Town of Monarch or City of .....

(No. ..... St.; ..... Ward)

(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: 37917 X

Registration District No. 4207 Registered No. 116 (For use of Local Registrar)

(2) Full Name of Child: Elva Harold Hawkins — If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD: B

(4) Twin or Triplet — To be answered only in event of Twins or Triplets

(5) Number in order children

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: 11/16 (Name of Month) (Day) 1923 (Year)

FATHER

(8) FULL NAME: Wallace T. S. S. Hawkins

(9) PRESENT POSTOFFICE OF FATHER: Union S C R F D

(10) COLOR OR RACE: N.

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Union Co S C

(13) OCCUPATION: Mill Employee

(14) Number of children born to mother, including present birth: 8

MOTHER

(14) NAME BEFORE MARRIAGE: Ora Davis

(15) PRESENT POSTOFFICE OF MOTHER: Union S C R F D

(16) COLOR OR RACE: N.

(17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Haywood Co N C.

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. H. Montgomery

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 12-10 1923 (28) D. G. Garrett
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.