

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
72889

(1) PLACE OF BIRTH
County of Greenville
Township of
or
Inc. Town of
or
City of Greenville (No. 22)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 22 A Registered No. 335
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Isabel Siter Hawk } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 19 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Dupon Hawk
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Declarator
(20) Number of children born to mother, including present birth { 1.....

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Isabel Salmeron
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE City
(19) OCCUPATION
(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 alive at 6:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept. 5 1916 (28) [Signature] 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 5.
McCaw, of Columbia.