

(1) PLACE OF BIRTH

County of YershawTownship of Buffalo

Incl. Town of

City of

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

19084

Registration District No. 7700 Registered No. 74
(For use of Local Registrar)(2) Full Name of Child J. D. Hopkins { If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Boy (4) Twin or triplet? X (5) Number in order of birth X (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 16, 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Leggett

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Lee County

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Hopkins(15) PRESENT POSTOFFICE OF MOTHER Bethune, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Lee County(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Alive at Eight A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) A. M. Hopkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bethune, S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed 1908 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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