

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

3330

Registration District No. *1001*Registered No. *7*
(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 *M. B. Hawkins* If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>June 26, 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Louise Hawkins</i>			(14) NAME BEFORE MARRIAGE <i>Olivia Steward</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Dacula, Ga.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Kanawha</i>	
(10) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Years)	(16) COLOR OR RACE <i>Kanawha</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)	
(12) BIRTHPLACE <i>Charleston, S.C.</i>			(18) BIRTHPLACE <i>Kanawha</i>	
(13) OCCUPATION <i>Lumber</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Nancy Shivers*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
212 W. 1st St. #5

Given name added to a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date *March 9, 1923* by *M. B. Harris* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes 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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