

MADE IN U.S.A. WITH ENVELOPE 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.

(1) PLACE OF BIRTH
County of Greenville
Township of Chick Spring
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1204 Registered No. 113
(For use of Local Registrar)**CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health
File No.—For State Registrar Only
42988

(2) Full Name of Child Laurie Lucie 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 1st (6) Are Parents Married? ☒ (7) DATE OF BIRTH Nov. 24 1956
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Paul Hawkins</u>	(14) NAME BEFORE MARRIAGE	<u>Lunie Bell</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Greer Rt # 54</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Greer Rt # 54</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>70</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE	<u>Taylor SC</u>	(18) BIRTHPLACE	<u>Greenville SC</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>one</u>	(21) Number of children of this mother now living, including present birth	<u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at Chick Spring on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) H. A. Brockman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Chick Spring

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 Jan 1, 1957 (28) 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.

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