

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of # 8or
Loc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35745

Registration District No. 3406 Registered No. 35
(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 William Hawkins {if child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hawkins(9) PRESENT POSTOFFICE OF FATHER Newberry R 4(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Daughter Hawkins(15) PRESENT POSTOFFICE OF MOTHER Newberry R 4(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm help(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Maggie Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry R 4

Given name added from a supplemental report

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

(27) Filed Nov 10 1922 (28) N. L. Bonleware
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.