

Form No. 1

## (1) PLACE OF BIRTH

County of RichmondTownship of 7or  
Inc. Town of 7or  
City of York

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Richard Lee Hawker

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH February 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Asa Hadden  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Edna Vasquez  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE Pisgan Forest  
(19) OCCUPATION

(20) Number of children born to mother, including present birth 1 2 4(21) Number of children of this mother now living, including present birth 1 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 1096 at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) L. J. Hadden(24) State whether Physician or Midwife Physician(25) License of Physician or Midwife 1096

Given name added from a supplemental report

(26) Witness W. F. Smith

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

(27) Filed 10/11/11(28) W. F. Smith

(29) Local Registrar

When 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.