

(1) PLACE OF BIRTH

County of Florence

Township of .....

or Town of Florence

or 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

No. 24362

Registration District No. 2 R.A.

Registered No. 267

(For use of Local Registrar)

(No. 20910 Chas)

Ward) .....

(2) Full Name of Child

May Elizabeth

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

(3) Sex Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 11/16 (7) Date of Birth 11/16 (8) Month 11 (9) Day 16 (10) Year 1913

FATHER. FULL NAME Geo H Hopkins (11) NAME BEFORE MARRIAGE Louise Alley

PRESENT POSTOFFICE OF FATHER Flr (12) PRESENT POSTOFFICE OF MOTHER Flr

(13) COLOR OR RACE W (14) AGE AT LAST BIRTHDAY 45 (15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 40

(17) BIRTHPLACE Flr (18) BIRTHPLACE Chas & C

(19) OCCUPATION News paper (20) OCCUPATION Dr

(21) Number of children born to mother, including present birth 6 (22) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 9 M. on the date above stated. (24) State whether Physician or Midwife Physician

(25) (Signature) [Signature]

(26) Address of Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Filed 9-15-13 2-3 P.H. Buchanan

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