

RECEIVED A SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
County of Columbia

(1) PLACE OF BIRTH
County of Spartanburg
Township of Campobello
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
87355

Registration District No. 110-C Registered No. 2057
(For use of Local Registrar)
City of (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be numbered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 26</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Horace C. Hawkins</u>			(14) NAME BEFORE MARRIAGE <u>Mary Leary</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Immune SC R 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Immune SC R 1</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Spartanburg Co</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Spartanburg Co</u>	
(19) OCCUPATION <u>Housewife</u>			(20) Number of children of this mother now living, including present birth <u>5</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. B. Libson M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immune SC

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 Nov 27 1916 (28) E. A. Rogers 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.
before the fifth month of pregnancy.