

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Williamston

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

Registration District No. 3-CNo. 2769Registered No. 25
(For use of Local Registrar)(2) Full Name of Child Vernon Roger Hawkins

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>To be considered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Sex of Mother <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 6 1925</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Ledcliffe Hawkins(9) PRESENT POST OFFICE OF FATHER Williamston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Wyer S.C.(13) OCCUPATION Ice Worker(14) Number of children born to mother, including present birth (6) Six

MOTHER.

(15) NAME BEFORE MARRIAGE Elizabeth Owen(16) PRESENT POST OFFICE OF MOTHER Williamston, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 35 (Year)(19) BIRTHPLACE Simpsonville, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth (6) Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) (Sex M. or F.) on the date above stated.(23) (Signature) A. G. Gentry (24) Address of Physician or Midwife Williamston, S.C.

Given name and address of physician or midwife

(25) Signature of Witness William Russell

When these facts are true, I will sign this certificate