

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3330

Registration District No. 1001

Registered No. 8
(For use of Local Registrar)

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

(2) Full Name of Child

No name

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married yes	(7) DATE OF BIRTH Feb 24 23 (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME Leonard Hawkins			(14) NAME BEFORE MARRIAGE Lettie Gregory	
(9) PRESENT POSTOFFICE OF FATHER Saffrey 3 Eff 5			(15) PRESENT POSTOFFICE OF MOTHER same	
(10) COLOR OR RACE black	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE same	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE Cherokee B.C.	(13) OCCUPATION farmer	(18) BIRTHPLACE same	(19) OCCUPATION garment	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(26) Witness

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

(27) Filed March 9 1923 at Cherokee B.C. 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.

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