

(1) PLACE OF BIRTH

County of Darlington
 Township of Blacksville
 or
 Inc. Town of

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

No. 10.—For State Registrar Only
2012

Registration District No. 7-1-2 Registered No. 1-1-1
 (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 Addie Hopkins If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 1 yr (7) DATE OF BIRTH Jan 6 1922
 To be answered only in case of Twin or Triplet (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Spencer Hopkins
 (9) PRESENT POSTOFFICE OF FATHER Blacksville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE D. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE May Ketch
 (15) PRESENT POSTOFFICE OF MOTHER Blacksville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Year)
 (18) BIRTHPLACE D. C.
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 2 (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 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Adams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb. 1-1-22 (28) 1-1-1

When there are no witnesses or relatives, then the Registrar shall sign the certificate.

MADE BY THE REGISTRAR OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT THE CITY OF COLUMBIA, SOUTH CAROLINA, ON THE 1-1-22.