

CERTIFICATE OF BIRTH

County of Greenville

Township of *Calhoun*

Inc. Town of
of

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?

(4) **Twin or Triplet?**

(4) Number in
order of birth

(9) Are Parents Married?

(7) DATE OF BIRTH July, 27, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME *Walter Hawkins*

(9) PRESENT POSTOFFICE OF FATHER *Lynn's Post Office*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE _____

(11) OCCUPATION

20) Number of children born to mother, including present birth { 6

NOTES

(14) NAME BEFORE MARRIAGE *Edna C. Robinson*

(10) PRESENT POSTOFFICE OF MOTHER *Marshall Road*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(10) BIRTHPLACE

(10) OCCUPATION

(21) Number of children of this mother now living, including present birth { 5-.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alvin at 11.4.47 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 20 is signed by mark)

(37) Filed 1/19/1913 (38) DR J. M. L. 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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