

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 H. 1 McCaw, of Columbia, FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.
 W. 1 McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Wadesville
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 220 Registered No. 1
 (For use of Local Registrar)
 (No. 492 Wadesville W) (For use of State Registrar Only)

File No. For State Registrar Only
43056

(2) Full Name of Child Arthur Stanley Hawkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? _____ <small>to be marked only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 7, 1915</u> <small>(None of Month) (Day) (Year)</small>
(8) FULL NAME <u>Walter Clinton Hawkins</u> FATHER		(9) PRESENT POSTOFFICE OF FATHER <u>492 Wadesville W Greenville, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(14) NAME BEFORE MARRIAGE <u>Vera May Gaskett</u> MOTHER		(15) PRESENT POSTOFFICE OF MOTHER <u>492 Wadesville W Greenville, S.C.</u>
(12) BIRTHPLACE <u>Greenville, S.C.</u>	(13) OCCUPATION <u>Booker</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Spartanburg, S.C.</u>
(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ at _____ M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) C. J. Hillier, M.D.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Physician City

Given name added from a supplemental report _____
 _____ 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Dec 20, 1915 (28) _____
 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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