

Form No 1.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 DEPARTMENT OF VITAL STATISTICS
 STATE HOUSE OF REPRESENTATIVES

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Morgan
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of county and township.)

Registration District No. 1004 Registration No. 7

(2) Full Name of Child Lennie A. Hawkins

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Age 22 years
 (To be entered only in case of twins or triplets) (Name of Mother, Maiden Name, and Surname)

FATHER: (5) FULL NAME Jenkins, Lennie (14) NAME BEFORE MARRIAGE Cora L. Garrison

(6) PRESENT POSTOFFICE OF FATHER Thickety, S.C. (15) PRESENT POSTOFFICE OF MOTHER Thickety, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 56 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date of birth)

(23) (Signature) No Midwife (24) State whether Physician or Midwife No (25) Address of Physician or Midwife Thickety, S.C.

Given name added from a supplementary report (26) Witness (Signature of Witness) J. L. Garrison

(27) Filed Feb 29 1916 (28) Registrar (Signature of Registrar) J. L. Garrison

When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be registered as stillborn. No report is desired of stillborns during the first month of pregnancy.