

THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson.....

Township of
 or

Inc. Town of
 or

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

40727

Registration District No. 3A

Registered No. 464
 (For use of Local Registrar)

(2) Full Name of Child

Stella Hopkins

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

(3) BOY OR GIRL?
Female

(4) Twin or Triplet?
☒ No

(5) Number in order of birth
☒ 1

(6) Are Parents Married?
☒ Yes

(7) DATE OF

BIRTH Nov. 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Burton Hopkins

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 40 yrs.
 (Years)

(12) BIRTHPLACE Cloness S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 1 IV

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Janie Sanders

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.

(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 38
 (Years)

(18) BIRTHPLACE Cloness, Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:20 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
B. CRAYTON

(27) Filed 18 (28) ANDERSON 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.

SEAL OF COLUMBIA, COLUMBIA, S. C.