

McCaw, of Columbia, S. C. — 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 8.

(1) PLACE OF BIRTH
County of RICHLAND **CERTIFICATE OF BIRTH**
Township of LOWER **STATE OF SOUTH CAROLINA.**
Inc. Town of Hopkins **Bureau of Vital Statistics**
City of Hopkins **State Board of Health**
Registration District No. 3803 Registered No. 165
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Thomas James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Carl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 14</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Paul Jones</u>				(14) NAME BEFORE MARRIAGE <u>Mary Parker</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hopkins</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins</u>
(10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years)				(16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Hopkins</u>				(18) BIRTHPLACE <u>Hopkins</u>
(13) OCCUPATION <u>farmer</u>				(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth <u>2</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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Parker

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hopkins, S. C.

(26) Witness Mary J. Thompson (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6/15 1914 (28) J. H. Parker Local Registrar

Given name added from a supplemental report

*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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