

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of Greenville

City of

(If birth occurs in a hospital or other institution, give name of same instead 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
21085(2) Full Name of Child Baby Hopkins

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

(3) <u>MALE</u> GIRL?	(4) Twin or Triplet? <u>0</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harris Hopkins(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Edgely, S.C.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Remick(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Florida(19) OCCUPATION House wife(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 alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Ferrah

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife 216 Pine St
Greenville S.C.

Given name added from a supplemental report

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

(27) Filed July 23 1913 (28) C. E. Smith 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.