

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

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 Registration

56085

Registration District No. 2210

Registered No. 28

(For use of local Registrar)

(2) Full Name of Child *Mullie Hawkins*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Apr 24 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Williams Hawkins

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *4* *9* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Gula McEntee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Simpsonville*

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed *Apr 26 1916*(28) *S. A. Harris*

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.

WRITING PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 12.—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.
 McCaw, of Columbia.