

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
Township of Schultz
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Dep. of Health

File No. - For State Registrar Only
5673

Registration District No. 213

Registered No. 8
(For use of Local Registrar)

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

(2) Full Name of Child Heurella Hawkins

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? twin (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 12 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hawkins
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R5
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE SC
(13) OCCUPATION farming
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Nancy Schultz
(16) PRESENT POSTOFFICE OF MOTHER Augusta Ga R5
(17) COLOR OR RACE Blk (18) AGE AT LAST BIRTHDAY 28
(19) BIRTHPLACE SC
(20) OCCUPATION house
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Marteta Elam
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R5

(Given name added from a supplemental report)

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

(27) Filed 3/20 23 (28) S.L. Medlock
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.

THIS IS A PERMANENT RECORD. TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.