

1. PLACE OF BIRTH

County of Union

Township of

Inc. Town of

City of Union

(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
20365

Registration District No. 42-A

Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child. Earl Hopson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Apr. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Dillard

(9) PRESENT POSTOFFICE Portaulberg SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE Union SC.

(13) OCCUPATION Steel Servant

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Hopson

(15) PRESENT POSTOFFICE OF MOTHER Union SC.

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

(18) BIRTHPLACE Union SC.

(19) OCCUPATION Domestic

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

(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 Alive at 11:45 p. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. M. Madson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7-10-1922 (28) V. G. Farrel 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.

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N. H. — 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.

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