

Form No 1.

## (1) PLACE OF BIRTH

County of LeeTownship of Stokes Bridge

Inc. Town of .....

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

Registration District No. 3008File No.—For State Registrar Only  
46759Registered No. 8  
(For use of Local Registrar)(2) Full Name of Child Pauline Hopkins

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 3

To be answered only in event of twin or triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 18, 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Hopkins(9) PRESENT POSTOFFICE OF FATHER Bishopville, S. C., R. C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Lee Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Watson(15) PRESENT POSTOFFICE OF MOTHER Bishopville, S. C., R. C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Lee Co(19) OCCUPATION Housewife(21) 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 2 P on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. Pate(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bishopville, S. C., R. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/18/06(28) Chas. Pate

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

-Cav. of Columbia.