

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 1.

Form of Columbia, S. C.

(1) PLACE OF BIRTH

County of Florence  
Township of TIMMONSVILLE, S. C.  
or  
Inc. Town of TIMMONSVILLE, S. C.  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2015 Registered No. 44  
(For use of Local Registrar)  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosal Hawkins If child is not yet named, make supplemental report as directed

(3) SEX BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of Mother <u>female</u>	(7) Date of Birth <u>June 20, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Atzeca Hawkins</u>			(14) NAME BEFORE MARRIAGE <u>Ada Nelson</u>	
(9) PRESENT RESIDENCE OF FATHER <u>TIMMONSVILLE, S. C.</u>			(16) PRESENT RESIDENCE OF MOTHER <u>TIMMONSVILLE, S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(11) BIRTHPLACE <u>Cortersville N.C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(12) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature), Elija Virgil  
(24) State \_\_\_\_\_ Physician or Midwife (25) Address of Physician or Midwife  
Timmonsville, S. C.

Given name added from a supplemental report

(26) Witness \_\_\_\_\_  
(27) Filed June 30, 1923 (28) Local Registrar, Timmonsville

\*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.