

County of DeKalb  
Township of Central  
or \_\_\_\_\_  
Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

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

File No.—For State Registrar Only  
36065

Registration District No. 320. Registered No. 186-  
(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 Edward Blueford Hawkins

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? *yes* (7) DATE OF BIRTH *oct 11 1922*

# FATHER

(3) FULL NAME Sloan Maxwell Gilchrist

9) PRESENT POSTOFFICE OF FATHER *Central Post*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *20*

(12) BIRTHPLACE Indians Co. CC.

(12) OCCUPATION

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

## NOTES

(19) NAME BEFORE MARRIAGE *Pauline Hanson*

(15) PRESENT POSTOFFICE OF MOTHER *Reinitia - CA 22*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17

(19) BIRTHPLACE Piedmont, Pa. U.S.A.

(19) OCCUPATION Housewife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(2) I hereby certify that I attended the birth of this child, who was, Abbie on the date above stated, 10:45 P.M.

1991

(23) (Signature) \_\_\_\_\_

(23) Address of Physician or Midwife

Given name added from a supplement

*(continued)*

.....  
(Signature of Witness necessary only)

10

FILED *Oct-12* 1922 (M) *J. H. Beardsley*

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 be reported as stillborn. No report is desired of still