

Form No. 1

(1) PLACE OF BIRTH

County of Bladen
 or
 Township of Bladen
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10032

Registration District No. 5 A 4 Registered No. 38
 (For use of Local Registrar)

(2) Full Name of Child Amie Thomas Hopkins If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 22
 To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Johanna9) PRESENT POSTOFFICE OF FATHER Bladen10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)12) BIRTHPLACE S. C.13) OCCUPATION housewife20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Pitt(15) PRESENT POSTOFFICE OF MOTHER Bladen(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S. C.

(19) OCCUPATION

(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 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eusebia Kirkland (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife Midwife

Gives name added from a supplemental report

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

(27) Filed May 10 1922 (28) D. H. Hammond 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.