

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10032

38

Registration District No. 5 A 4 Registered No.
 (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 James Thomas Hopkins If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH April 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

8. FULL NAME James Hopkins(14) NAME BEFORE MARRIAGE Margaret9. PRESENT POSTOFFICE OF FATHER Beaufort(15) PRESENT POSTOFFICE OF MOTHER Beaufort(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (17) AGE AT LAST BIRTHDAY 20
 (Years) (Years)(16) COLOR OR RACE Negro12. BIRTHPLACE S. C.(18) BIRTHPLACE S. C.13. OCCUPATION Housewife

(19) OCCUPATION

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

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

(25) Address of Physician or Midwife

Give 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.