

(1) PLACE OF BIRTH

County of EffinghamTownship of Effinghamor
Inc. Town ofor
City of(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 Ruby Hawkins

File No.—For State Registrar Only

52156

Registration District No. 2004 Registered No. 13
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>March 31</u> 19 <u>16</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	--------------------------	--

FATHER.

MOTHER.

(8) FULL NAME <u>Jarrett Hawkins</u>	(14) NAME BEFORE MARRIAGE <u>Charlie R. R. R.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham SC</u>
(10) COLOR OR RACE <u>Colord</u>	(16) COLOR OR RACE <u>Colord</u>
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>near Effingham SC</u>	(18) BIRTHPLACE <u>near Timmonsville</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>4</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 Born at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Hill(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Effingham SC Rte 1

Given name added from a supplemental report

191

Registrar

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

(27) Filed Apr 5 1916 (28) D. C. Hill 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.

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.