

NOT TO BE FILLED IN BY REGISTRAR. IN CASE OF TWINNING, WITH UNPAID ENCLOSURE, THIS IS AN INCOMPLETE RECORD. FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Union
Township of Herzogry
or
Inc. Town of S.C.
or
City of S.C.

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

File No.—For State Registrar Only

92079

Registration District No. 4200

Registered No. 55
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward

(2) Full Name of Child Jessie 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 2
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 24 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bennie Hawkins

(9) PRESENT POSTOFFICE OF FATHER Sebalia S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Gilliam

(15) PRESENT POSTOFFICE OF MOTHER Sebalia S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Union Co

(19) OCCUPATION Former wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia Gilliam

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Herzogry S.C.

Given name added from a supplemental report

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

(27) Filed Dr. Mosely (28) 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.