

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of DarceyCity of Hoghts

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

90092

Registration District No. 2209Registered No. 574(For use of Local Registrar)
St.; Ward(2) Full Name of Child. Georgea Hawking

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 —(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 8

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. S. Hawkins(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE South Carolina(13) OCCUPATION factory man(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE May Sparks(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE South Carolina(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born, at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Geo. M. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife phys. Greenville S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Dec 10 1916

(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.

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