(1) PLACE OF BIRTH

County of Greenville

Township of ....//.....

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No. 90113 — For State Registrar Only

Registration District No. 2209 / Registered No. 603
(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 Roy Lee Hawkins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Dec. 25, 1916 (Name of Month) (Day) (Year)

(To be answered only in event of twins or Triplets)

FATHER.	MOTHER.
(8) FULL NAME Leonard L Hawkins	(14) NAME BEFORE MARRIAGE Carrie H Lelon
(9) PRESENT POSTOFFICE OF FATHER # 9 - 7th Street Woodside Mill	(15) PRESENT POSTOFFICE OF MOTHER #9
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Greenville Co	(18) BIRTHPLACE Cleveland Co
(13) OCCUPATION Weaver	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth { 4	(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 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J M Walker

(24) State whether Physician or Midwife phys.

(25) Address of Physician or Midwife Forthes Bldg

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 Jan 2 1917 (28) A H Mackey
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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