

## (1) PLACE OF BIRTH

County of AndersonTownship of Forkor  
Inc. Town ofor  
City of

(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

58519

Registration District No. 305 Registered No. 40

(For use of Local Registrar)

St.; Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? L (5) Number in order of birth 9

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr 27 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Hawkes(9) PRESENT POSTOFFICE OF FATHER Townville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Anderson Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Earle(15) PRESENT POSTOFFICE OF MOTHER Townville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Anderson Co S.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Townville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 11, 1916 (28) R. H. McLean 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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W. McCune, of Columbia, MISSOURI, No. 1, FILE ON FILE, No. 2, etc., in question 5.

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