

WRITE PLAINLY. WITH FADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Georgetown
 Township of #8
 Inc. Town of
 City of

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

No. 28303—For State Register Use

Registration District No. 103 Registered No. 117
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Hawkins (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age <u>9 mo</u>	(7) DATE OF BIRTH <u>Sept 23, 1923</u> (Month of birth) (Day) (Year)
(FATHER)			(MOTHER)	
(8) FULL NAME <u>Daniel Hawkins</u>			(14) NAME BEFORE MARRIAGE <u>Jane Vanderbilt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u>			(17) AGE AT LAST BIRTHDAY <u>18</u>	
(12) BIRTHPLACE <u>Georgetown Co SC</u>			(18) BIRTHPLACE <u>Georgetown Co SC</u>	
(13) OCCUPATION <u>Farmhand</u>			(19) OCCUPATION <u>Farmhand</u>	
(20) Number of children born to mother, including present birth <u>2</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 alive at 6 a. m. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Spook Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Georgetown SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 25, 1923 (28) W. B. Sady 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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