

(1) PLACE OF BIRTH

County of Greenville
 Township of Proctor
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38676

Registration District No. 2218 Registered No. 8
 (For use of Local Registrar)

City of (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 Charles C. 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 (6) Are Parents Married? YES (7) DATE OF BIRTH Jan 18 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Hawkins
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. #3
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Bessie Hawkins
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. #3
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 5
 (21) Number of children of this mother now living, including present birth 4

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 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cindy Black
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 1 1922 (28) J. G. Slater 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.