

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Begin on Column, Column, B. C.

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville  
Township of Hamlet  
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  
**5605**

Registration District No. 194 Registered No. 1.1  
(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 Lewis Ronald Hawthorn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>X</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 22, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Calvin Hawthorn  
(9) PRESENT POSTOFFICE OF FATHER Ronalds S. C. #2  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE Abbeville S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Helia Joseph  
(15) PRESENT POSTOFFICE OF MOTHER Ronalds S. C. #2  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
(18) BIRTHPLACE Abbeville S. C.  
(19) OCCUPATION Domestic  
(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 at 4.00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chronic Harris  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ronalds S. C. #2

Given name added from a supplemental report

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

(27) Filed April 3, 1923 (28) J. H. Brooks 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.