

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

.....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

James (No. 1) *Hopkins*

File No.—For State Registrar Only

32422

Registration District No. *H10*Registered No. *192*
(For use of Local Registrar)3) BOY OR
GIRL *GIRL*(4) Twin
or Triplet? *No*(5) Number in
order of birth *8*(6) Are
Parents
Married? *Yes*

(7) DATE OF

BIRTH *April 27, 1946*
(Name of Month) (Day) (Year)

FATHER.

9) FULL NAME *J. F. Hopkins*9) PRESENT POSTOFFICE OF FATHER *Sumter S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39*
(Years)(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Griggs*(15) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35*
(Years)(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *1 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *M. B. Woodward, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

*M. B. Woodward, M.D.**Sept. 10, 1946* 19 *46*
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Oct. 14, 1946* Local Registrar *D. O. Browning*

*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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAIN, N. Y.—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 5.
 MEDICAL DEPARTMENT, COLUMBIA U. S. C.