

## (1) PLACE OF BIRTH

County of SawyerTownship of Landonor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Linair Hopkins

File No.—For State Registrar Only

42907

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2401Registered No. 110  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? X

To be answered only in event of Twin or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Addison Hopkins

(9) PRESENT POSTOFFICE OF FATHER

Furman SC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

20  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Labourer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ola Gregory

(15) PRESENT POSTOFFICE OF MOTHER

Furman SC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

16  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Labourer

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born living at 6 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Julia Chooch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Furman SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/30/22

(28)

W. T. Collins  
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.