

(1) PLACE OF BIRTH

County of SawyerTownship of Lexingtonor
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 HealthRegistration 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 <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Addison Hopkins(9) PRESENT POSTOFFICE OF FATHER Furman St(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 St(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.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Chooch mid(24) State whether Physician or Midwife (25) Address of Physician or Midwife Furman St

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.