

No. 1

## (1) PLACE OF BIRTH

County of OconeeTownship of Kelowna

or

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 Lillie Caroline Hawkins

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lillie Hawkins(9) PRESENT POSTOFFICE OF FATHER West Union S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 55  
(Years)(12) BIRTHPLACE Oconee(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Barnum(15) PRESENT POSTOFFICE OF MOTHER West Union S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39  
(Years)(18) BIRTHPLACE Pickens(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 530 P.M. on the date above stated.  
(Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Dr. J. M. Brazile(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife West Union 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 June 10, 1922 (28) L. W. Smith 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19592

Registration District No. 3502 Registered No. 63

(For use of Local Registrar)

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

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