

Form No. 1.

(1) PLACE OF BIRTH
County of Saluda
Township of #. 7
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91699

Registration District No. 2706 Registered No. 5-7
(For use of Local Registrar)

(2) Full Name of Child Hugh Hale Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1916
To be converted only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Hugh Hale
(9) PRESENT POSTOFFICE OF FATHER Johnston - S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Johnston - S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth } 6

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Stevens
(15) PRESENT POSTOFFICE OF MOTHER Johnston - S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Johnston - S.C.
(19) OCCUPATION House Keeper
(21) Number of children of this mother now living, including present birth } 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) C. F. Motherhead, Johnston S.C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 3, 1917 (28) A. P. Roshon 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.

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 5.
McCaw, of Columbia.