

Form No. 1.

## (1) PLACE OF BIRTH

County of SaludaTownship of #. 7

Inc. Town of .....

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. 2206 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? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10</u> , 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Hugh Hale</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Johnston - S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(12) BIRTHPLACE <u>Johnston - S.C.</u>
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth { <u>6</u>	

## MOTHER.

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) <u>C. F. Mother in D. Johnston S.C.</u>	(25) Address of Physician or Midwife
(24) State whether 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) Filled 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.