

8397-81298
7-25-51
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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of York
Township of _____
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. _____

22 050084

FILE No.—For State Registrar Only
00-010161

Registered No. _____
(For use of Local Registrar)

(No. R.F.D. # 3 St.; _____ Ward)

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

2. FULL NAME OF CHILD Ella Jeanette Hall { If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents	8. Date of birth <u>6-3</u> 19 <u>22</u> (Month, day, year)
		5. Number, in order of birth.. <u>4</u> ..	Full term <u>✓</u>	Married? <u>Yes</u> .	

9. Full name Dudley Hall FATHER
10. Residence (mailing address) (If non-resident, give place and State) Deceased
11. Color or race Col. 12. Age at child's birth.. 29.....(years)
13. Birthplace (city or place) (State or country) Rock Hill, S.C.
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... FARMER
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....
16. Date (month and year) last engaged in this work, 19....

18. Name before marriage Ola Rorie Hall MOTHER
19. Residence (mailing address) (If non-resident, give place and State) 1702 VARGRAVE ST W. SALEM, N.C.
20. Color or race Col. 21. Age at child's birth.. 19.....(years)
22. Birthplace (city or place) (State or country) Farm. Mill, S.C.
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.... Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....
25. Date (month and year) last engaged in this work, 19....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living... 4... (b) Born alive but now dead... 2... (c) Stillborn

28. If stillborn, period of gestation.....	months	weeks	29. Cause of stillbirth	{ Before labor
				{ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 7:30 A m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____
(Date of) _____

(Signed) O J R Hall, Parent
or _____, Guardian
Address 1702 VARGRAVE ST W. SALEM, N.C.
Filed 8-14-51, 19 Thos. P. Lesesne

Registrar.

Registrar.

1b

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)