

## (1) PLACE OF BIRTH

County of

Township 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

Registration District No.

No. for this Register

22067

Registered No. 44  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Type or Token

To be answered only in case of Token or Token

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH July 30 23

MOTHER.

(8) FULL NAME

Herbert H. Hales

(9) PRESENT POSTOFFICE OF FATHER

Braceville SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

SC

(13) OCCUPATION

Day Laborer

(14) Number of children born to mother, including present birth

3

(15) NAME BEFORE MARRIAGE

Janette Johnson

(16) PRESENT POSTOFFICE OF MOTHER

Braceville SC

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

25

(19) BIRTHPLACE

V C

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) (Sex, A. M. or F. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed)

(27) Date

July 10 23

(28) 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.