

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK
CHILD

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF LIVE BIRTH

139- 23-048980
Amended 7.7.99
BIRTH NUMBER AUG 1 1999

CHILD—NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (Mo., Day, Yr.) HOUR
HAMES Female 3a. Sept. 14, 1923 3b. 12:30

1. HOSPITAL—NAME (If not in hospital, give street and number) CITY, TOWN OR LOCATION OF BIRTH COUNTY OF BIRTH
4b. Chesnee 4c. Spartanburg

4a. I certify that the stated information concerning this child is true to the best of my knowledge and belief. DATE SIGNED (Mo., Day, Yr.) NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
5a. (Signature) J. B. Cash 5b. MD

CERTIFIER CERTIFIER—NAME AND TITLE (Type or print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
5d. J. B. Cash 5e. Chesnee, S.C.

REGISTRAR DATE RECEIVED BY REGISTRAR (Month, Day, Year)
6a. (Signature) B. C. Anderson 6b. May 5, 1924

MOTHER—MAIDEN NAME FIRST MIDDLE LAST AGE (At time of this birth) STATE OF BIRTH (If not in U.S.A., name country)
7a. Eva Parris 7b. 20 7c. South Carolina

MOTHER RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER OF RESIDENCE INSIDE CITY LIMITS (Specify yes or no)
8a. S.C. 8b. Spartanburg 8c. Chesnee 8d.

MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code only

FATHER FATHER—NAME FIRST MIDDLE LAST AGE (At time of this birth) STATE OF BIRTH (If not in U.S.A., name country)
10a. Almer Hames 10b. 25 10c. South Carolina

FATHER I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) RELATION TO CHILD
11a. other (Informant) 11b.

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE—MOTHER (e.g., White, Black, American Indian, etc.) (Specify) White 12. RACE—FATHER (e.g., White, Black, American Indian, etc.) (Specify) White 13. BIRTH WEIGHT 14. THIS BIRTH—Single, twin, triplet, etc. (Specify) Twin 15a. IF NOT SINGLE BIRTH—Born first, second, third, etc. (Specify) 1st 15b. IS MOTHER MARRIED? (Specify yes or no) Yes 16.

PREGNANCY HISTORY (Complete each section) EDUCATION—MOTHER (Specify only highest grade completed) EDUCATION—FATHER (Specify only highest grade completed)
Elementary or Secondary (0-12) College (1-4 or 5+) Elementary or Secondary (0-12) College (1-4 or 5+)

LIVE BIRTHS (Do not include this child) OTHER TERMINATIONS (Spontaneous and Induced)
17a. New living 17b. New dead 17d. Before 20 wks. 17e. After 20 wks. 18a. Usual Occupation 18b. Business or Industry 19a. Usual Occupation 19b. Business or Industry

17a. Number 17b. Number 17d. Number 17e. Number 18a. DATE LAST NORMAL MENSTRUATION (Month, Day, Year) 18b. MONTH OF PREGNANCY PRE-NATAL CARE BEGAN First, second, etc. (Specify) 19a. PRENATAL VISITS Total number (If none, so state) 19b. APGAR SCORE 1 min. 5 min. 20. 21a. 21b. 22a. 22b.

DATE OF LAST LIVE BIRTH (Month, Year) 17c. DATE OF LAST OTHER TERMINATION (as indicated in d or e above) (Month, Year) 17f. COMPLICATIONS OF PREGNANCY (Describe or write "none") 23.

CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") 24. COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") 25. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") 26.

MOTHER'S BLOOD TESTED FOR SYPHILIS? (SPECIFY YES OR NO) MONTH DAY YEAR LABORATORY 27a. DATE 27b. Affidavit Next Frame 28. WHAT PROPHYLACTIC USED IN EYES? (Specify) TIME USED M.

DHSC-609 Rev. 1978

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

MULTIPLE BIRTHS
Enter State File Number for each(s)

LIVE BIRTH(S)

FETAL DEATH(S)

1164