

Form No 1.

(1) PLACE OF BIRTH

County of BillonTownship of Hillsboro

or

Inc. Town of Nichols S.C.

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 House of Health

File No. For State Registrar Only

51945

Registration District No. 1603 Registered No. 26
(For use of Local Registrar)(2) Full Name of Child NO NAME

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Any one Parent Married? <u>No</u>	(7) DATE OF BIRTH <u>March 30th 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Pearlie Hays</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Hill</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Billon Co., S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 o'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna M. Hays(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Nichols, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
A. H. Bailey(27) Filed Mar. 30, 1906 (28) A. H. Bailey 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. THIS IS A PERMANENT RECORD.
 WRITE PLAINLY, WITH UNFADING INK.—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.
 McCrory of Columbia