(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20195

County of Lowndes
Township of Grove Church
or
Inc. Town of .....
or
City of .....
Registration District No. 4013 Registered No. 5
(For use of Local Registrar)
(No. ..... 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 ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
[illegible]			Yes	June 26, 1912

FATHER

(8) Full Name: Jno B. Hall
(9) Residence or Postoffice of Father: Lowndes, R.F.D. 2
(10) Color or Race: W
(11) Age at Last Birthday: 47 (Years)
(12) Birthplace: Lowndes Co.
(13) Occupation: —

MOTHER

(14) Name before Marriage: Estelle Vera Strickland
(15) Present Postoffice of Mother: Lowndes R.F.D. No 2
(16) Color or Race: White
(17) Age at Last Birthday: 31 (Years)
(18) Birthplace: Lowndes Co.
(19) Occupation: Housework

(20) Number of children born to mother, including present birth: 4
(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A. M. (Born alive or stillborn) (Hour: A. M. or P. M.) in the facts above stated.

(23) (Signature) C. H. [illegible]
or
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Lowndes S C

Given name added from a supplemental report ..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 2 1913 (28) C. H. Hancock Local Registrar

* Where there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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