CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39249

(1) PLACE OF BIRTH

County of Lexington

Township of Chinquepin
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 3104 Registered No. 27
(For use of Local Registrar)

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

(2) Full Name of Child Lamb Capus Hall — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 26 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME J. C. Hall	(14) NAME BEFORE MARRIAGE Rosanna Hall Gunter
(9) PRESENT POSTOFFICE OF FATHER Leesville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr Jas Crosson

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Leesville S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 17 1922 (28) A. B. Quattlebaum
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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
McCAW of COLUMBIA, COLUMBIA, S. C.