

(1) PLACE OF BIRTH

County of Fairfield

Township of

or
Inc. Town ofCity of Summerville

(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

File No. - For State Registrar Only

3769

Registration District No. 1911 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Ray Hall

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number to order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>7.6.6</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER
(8) FULL NAME W. L. Hall(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY (Years) 24(12) BIRTHPLACE Summerville, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5MOTHER
(14) NAME BEFORE MARRIAGE Miss Jackson(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY (Years) 20(18) BIRTHPLACE Fairfield, S.C.(19) OCCUPATION Farmer(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 alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) Jane E. Mitchell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

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

(27) Filed 6. K. Turner (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.