

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Matthews
 or
 the Town of.....
 or
 City of.....

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

No. 10.—For State Registrar
20006

Registration District No. 707 Registered No. 35
 (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 not named If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Type of Twins yes (5) Number in order of birth 1 (6) DATE OF BIRTH July 2, 1923
 To be answered only in case of Twins or Triplets

FATHER		MOTHER	
(7) FULL NAME <u>Henry Halback</u>	(14) NAME BEFORE MARRIAGE <u>Evelene Bryson</u>	(8) PRESENT RESIDENCE OF FATHER <u>Wando SC</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Wando SC</u>
(9) COLOR OR RACE <u>Coal</u>	(16) COLOR OR RACE <u>Coal</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(10) BIRTHPLACE <u>Berkley SC</u>	(18) BIRTHPLACE <u>Berkley, Co SC</u>	(12) OCCUPATION <u>Woodcutter</u>	(19) OCCUPATION <u>at home</u>
(20) Number of children born to father, 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... Allye... at... 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blossom Hooper
 (24) State, whether Physician or Midwife Midwife (25) Address of Physn. or Midwife Wando SC

Given name added from a supplemental report

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

(27) Filed July 28, 1923 (28) 2 Sealed

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.