

Form No. 3

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42783

Registration District No. 2213 Registered No. 97  
 (For use of Local Registrar)

City of..... (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 Hattie Ruth Hallyclaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 30 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Hallyclaw  
 (9) PRESENT POSTOFFICE OF FATHER Green SC R# 3  
 (10) COLOR white (11) AGE AT LAST BIRTHDAY 40  
 OR RACE American (Years)  
 (12) BIRTHPLACE Greenville CO SC  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Florence Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Green SC R# 3  
 (16) COLOR white (17) AGE AT LAST BIRTHDAY 28  
 OR RACE American (Years)  
 (18) BIRTHPLACE Ashville NC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .... Born alive at 10:30 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Buckner  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 12 1923 (28) Albert H. N. Nover 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.