

1. PLACE OF BIRTH

County of Anderson

Township of _____

or Town of _____

City of Anderson

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

By Adoption
Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

FILE No.—For State Registrar Only

38410-4

Registered No. _____

(For use of Local Registrar)

Ward _____

FULL NAME OF CHILD Boyd Hallman

(If child is not yet named, make provisional name as desired)

Sex of Child

If Plural

4. Twins, triplets or other _____

6. Premature _____

7. Are Parents _____

8. Date of Birth

Dec. 2419231923

5. Number, in order of birth _____

Full term _____

Married? Y25

(Month-day-year)

Full name

FATHER

J. R. Hallman

18. Name before marriage

MOTHER

Christie Ruff Hallman

Residence (mailing address)

(If non-resident, give place and State)

Anderson S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Anderson S.C.Color or race W

12. Age at child's birth

35

(years)

20. Color or race W

21. Age at child's birth

32

(years)

Birthplace (city or place)

(State or country)

Anderson S.C.

22. Birthplace (city or place)

(State or country)

Anderson S.C.

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Farmer

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work done, as silk mill, sawmill, hatch, etc.

24. Industry or business in which work was done, as dry house, lawyer's office, silk mill, etc.

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

19

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

Number of children of this mother At time of birth and including this child

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

If stillborn,

months

29. Cause of stillbirth

period of gestation

weeks

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____

(Name of Prophylactic)

Palate

Hare Lip

Other Deformities

(Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

J. R. Hallman Father.
Christie Ruff Hallman

or

Address Anderson S.C.

Given name added from

a supplementary report

(Date of)

Filed AUG. 20

1923

Registrar