

Form No. 1

(1) PLACE OF BIRTH

County of Auderson
 Township of Williamston
 of
 Inc. Town of Pelzer
 of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

38485

Registration District No. 38 Registered No. 153

(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

Charles L. Hall

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

1. BOY OR GIRL <u>Boy</u>	2. Twin or Triplet To be answered only in case of Twin or Triplet	3. Number in order of birth	4. Are Parents Married <u>Yes</u>	5. DATE OF BIRTH <u>Feb 17, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
6. FULL NAME <u>Claude Hall</u>			14. NAME BEFORE MARRIAGE <u>Ellie Hallingworth</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Pelzer SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Pelzer SC</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>70</u> (Years)			17. AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12. BIRTHPLACE <u>SC</u>			18. BIRTHPLACE <u>SC</u>	
13. OCCUPATION <u>mill work</u>			19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>2</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma M.,
 on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.) 11:00

(23) (Signature)

(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) Date Dec 22, 1923 (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.