

(1) PLACE OF BIRTH  
County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....  
(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  
47901

Registration District No. BA Registered No. 42  
(For use of Local Registrar)

(2) Full Name of Child Charles Hoy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>B.</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
----------------------------	--	---------------------------------------	------------------------------------	---

FATHER.

(8) FULL NAME <u>Wm Glen Hoy</u>	(14) NAME BEFORE MARRIAGE <u>Mary Lou Bearden</u>
(9) PRESENT POSTOFFICE OF FATHER <u>20 Main Episto Anderson S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>same as (9)</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Pickens Co. S.C.</u>	(16) COLOR OR RACE <u>W.</u>
(13) OCCUPATION <u>Coh Miller &amp; per</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(20) Number of children born to mother, including present birth <u>4</u>	(18) BIRTHPLACE <u>Hart Co. Ga.</u>
	(19) OCCUPATION <u>house</u>
	(21) Number of children of this mother now living, including present birth <u>4</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 6 days at 1200 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Thompson, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. P. Anderson 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 191 (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.

Registrar I

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.

FORM NO. 8. MAINTAIN SEPARATE FILE HEREIN. WITH UNFOLDING TAB—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.