

THIS IS A PERMANENT RECORD.
 N. B.—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.

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

File No.—For State Registrar Only
 23628

(1) PLACE OF BIRTH
 County of Richland
 Township of Columbia
 or
 Inc. Town of Columbia
 or
 City of Columbia (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 386 Registered No. 1574
 (For use of Local Registrar)

(2) Full Name of Child. Perry Raymond Hayes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1922
 (Name of Month) (Day) (Year)

FATHER Perry Robert Hayes MOTHER Betha Leah Hayes

(8) FULL NAME (14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C. (15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Years) (Years)

(12) BIRTHPLACE Kershaw County (18) BIRTHPLACE Columbia County

(13) OCCUPATION Attendant at State Hospital (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 945a M., on the date above stated. (Born, live or stillborn) (Hour, M. or P. M.)

(23) (Signature) [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) Filed 7/20/1922 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, 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.

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