

77966

59841

aih

12/15/49

U. S. Dept. of Commerce
Bureau of the Census

15 046633

1. PLACE OF BIRTH

County of HAMPTON

Township of _____

or

Inc. Town of BRUNSON

or

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2402

Registered No. _____

(For use of Local Registrar)

FILE No.—For State Registrar Only

2. FULL NAME OF CHILD

Charlie Hayes

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

3. Boy or Girl <u>BOY</u>	4. Twins, triplets or other.....	5. Premature.....	6. Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <u>YES</u>	8. Date of birth <u>Sept. 14 1949</u> (Month, day, year)
If Plural births	5. Number, in order of birth.....	6. Full term <input checked="" type="checkbox"/>	7. Married? <u>YES</u>		

9. Full name of FATHER
ARTHUR HAYES18. Name before MOTHER
marriage JANIE GRANT10. Residence (mailing address)
(If non-resident, give place and State) RFD 1 Brunson, SC19. Residence (mailing address)
(If non-resident, give place and State) RFD #1 BRUNSON, SC11. Color or race..... NEGRO12. Age at child's birth... 22... (years)20. Color or race..... NEGRO21. Age at child's birth... 20... (years)13. Birthplace (city or place)
(State or country) BRUNSON, SC22. Birthplace (city or place)
(State or country) MILEY, S.C.14. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. FARMER23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. HOUSEWIFE15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc. COTTON FABM.24. Industry or business in which
work was done, as own home,
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....27. 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...28. If stillborn, period of gestation.....
months _____ weeks _____

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8. A m. on the date above stated.When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report _____

(Date of)

Registrar.

(Signed) Jane G Hayes, Parent
or _____, Guardian

Address _____

Filed 2-15, 19 50 Thos. P. LesesneRegistrar aihMARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each, in order of birth, stated.

(See instructions on Back of Certificate.)