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

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

FILE No.—For State Registrar Only

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

Ward \_\_\_\_\_

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. Are Parents <u>YES</u>	7. Date of birth <u>Sept. 14 1949</u> (Month, day, year)
8. If Plural births	9. Number, in order of birth.....	10. Full term <u>Y</u>	11. Married?	

9. Full name  
FATHER  
ARTHUR HAYES

18. Name before marriage  
MOTHER  
JANIE GRANT

10. Residence (mailing address)  
(If non-resident, give place and State) RFD 1 Brunson, SC

19. Residence (mailing address)  
(If non-resident, give place and State) BRUNSON, SC

11. Color or race..... NEGRO

20. Color or race..... NEGRO

12. Age at child's birth... 22... (years)

21. Age at child's birth... 20... (years)

13. Birthplace (city or place)  
(State or country) BRUNSON, SC

22. Birthplace (city or place)  
(State or country) MILEY, S.C.

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

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. HOUSEWIFE

15. 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

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

17. Total time (years)  
spent in this work

26. Total time (years)  
spent in this work

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. Lesesne  
Registrar aih

MARGIN 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.)