

(1) PLACE OF BIRTH

County of York
Township of W. C. Lane
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
30881

Registration District No. 27.9.4 Registered No.....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

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

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept. 17, 1922
(Name of Month) (Day) (Year)

FATHER. FULL NAME Albert Hall Jr. MOTHER. FULL NAME Mary Massie

9) PRESENT POSTOFFICE OF FATHER Lugoff 10) NAME BEFORE MARRIAGE Mary Massie

11) AGE AT LAST BIRTHDAY 21 12) COLOR OR RACE colored 13) BIRTHPLACE S.C. 14) PRESENT POSTOFFICE OF MOTHER Lugoff 15) NAME BEFORE MARRIAGE Mary Massie

16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 18 18) BIRTHPLACE S.C. 19) OCCUPATION Farming 20) NAME BEFORE MARRIAGE Mary Massie

21) Number of children born to mother, including present birth 1 22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Joyner (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lugoff, S.C. #2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 30, 1922 (28) Local Registrar Thos. H. H. Yancy

*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.

WRITE PLAINLY, WITH UNFADING INK—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. THIS OFFICE, No. 2, etc., in question 5.