

16 092935

1. PLACE OF BIRTH

County of AikenTownship of Wagner

or

Inc. Town of _____

or

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

75485-A

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

2. FULL NAME OF CHILD John Wesley Hall { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Are parents married? <u>yes</u>	8. Date of birth <u>9 27</u> , 19 <u>16</u> (Month, day, year)
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9. Full name Luteman Hall FATHER18. Full maiden name Ethel Jones MOTHER10. Residence (usual place of abode)
(If nonresident, give place and State) Wagner S.C.19. Residence (usual place of abode)
(If non-resident, give place and State) Wagner S.C.11. Color or race negro 12. Age at last birthday 39 (Years)20. Color or race negro 21. Age at last birthday 33 (Years)13. Birthplace (city or place)
(State or country) Wagner South Carolina22. Birthplace (city or place)
(State or country) Wagner South Carolina14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. fur worker15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. owner of farm in S.C.24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Springfield L.L.16. Date (month and year) last engaged in this work April July 192025. Date (month and year) last engaged in this work writing at present17. Total time (years) spent in this work 25

26. Total time (years) spent in this work _____

27. Number of children of this mother at time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, first period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ethel Jones Hall (mother)

Give name added from _____

or _____, Midwife

a supplemental report _____

Address _____

(Date of) _____

Filed 3-31, 1934

Registrar.

Registrar.

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