

PLACE OF BIRTH
COUNTY OF Hemlingway
TOWNSHIP OF Hemlingway
CITY OF Hemlingway
STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

34152

Registration District No. H304 Registered No. 61
(For use of Local Registrar)
City of Hemlingway Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Michael Hemling If child is not yet named, make appropriate report as directed

SEX Male AGE 13 MONTHS 22
DATE OF BIRTH 13-22

FATHER. MOTHER.
(1) NAME Michael Hemling (1) NAME Miss Minnie Estelle
(2) RESIDENCE Hemlingway S.C. (2) RESIDENCE Hemlingway S.C.
(3) COLOR White (3) COLOR White
(4) BIRTHPLACE S.C. (4) BIRTHPLACE S.C.
(5) OCCUPATION Farmer (5) OCCUPATION Domestic
(6) Number of children born to mother, including present birth 11 (6) Number of children of this mother and father, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(1) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated. (How A. M. or P. M.)
(2) Signature J. H. Hester
(3) Name whether Physician or Midwife Midwife (4) Address of Physician or Midwife Hemlingway S.C.

Given name added from a supplementary report
(5) Witness L. H. Arc
(6) Filed Oct 1 (7) Local Registrar

*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.

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