

Form No. 1

(1) PLACE OF BIRTH

(2) PLACE OF BIRTH

County of Muskrat

Township of .....

or  
Inc. Town of Caudeaor  
City of .....

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

(2) Full Name of Child Thomas Hale

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

(3) SEX OR GENDER <u>Boy</u>	(4) Type or <u>Normal</u> To be answered only in case of Twin or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Twin or Triplet <u>yes</u>	(7) DATE OF BIRTH <u>Feb 9th</u> <u>1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Binnie Hale</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Ferguson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Caudea</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Caudea</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>Caudea</u>		(18) BIRTHPLACE <u>Caudea</u>	
(13) OCCUPATION <u>X</u>		(19) OCCUPATION	
(20) Number of children born to mother, including present one <u>3</u>		(21) Number of children of this mother now living, including present one <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 1 P. M.,  
on the date above stated. (Here enter or stillborn) (Hour A. M. or P. M.)

Signature of Physician or Midwife <u>Rebecca Fletcher</u>	(23) Address of Physician or Midwife
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Given under my hand and seal of the State of South Carolina, this 12th day of February, 1923.	Notary Public for South Carolina <u>Thomas</u>
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Local Registrar.  
This certificate should be filed in the birth records of the State of South Carolina.

Before the

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

4280

Registration District No. 27-A Registered No. 10  
(For use of Local Registrar)

(No. .... St. .... Ward)

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