

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of  
or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
62980

Registration District No. 301

Registered No. 5-7  
(For use of Local Registrar)

## (2) Full Name of Child.

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 6, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Jos Halliway</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Belton S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	
(12) BIRTHPLACE <u>Anderson Co.</u>	
(13) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>9</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Emma Dalton</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Belton S.C.</u>	
(16) COLOR OR RACE <u>negro</u>	
(18) BIRTHPLACE <u>Greenville Co S.C.</u>	
(19) OCCUPATION <u>house wife</u>	
(21) Number of children of this mother now living, including present birth <u>9</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Haynes  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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Registrar

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

(27) File July 10, 1916 (28) W. C. Campbell 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.

MARRIAGE RECORDS, WITH UNFAIRING INC.—THIS IS A PERMANENT RECORD.  
 M. R.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.