(1) PLACE OF BIRTH

County of Florence

Township of Coles

or

Inc. Town of Pamplico

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18567

Registration District No. 2021 Registered No. 5
(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.

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

(2) Full Name of Child

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: May 4, 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Troy E. Hyman

(9) PRESENT POSTOFFICE OF FATHER: Pamplico S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farming

(14) Number of children born to mother, including present birth: Four

MOTHER

(14) NAME BEFORE MARRIAGE: Ida E. Coleman

(15) PRESENT POSTOFFICE OF MOTHER: Pamplico S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Poston

(24) Static whether Physician or Midwife: MD

(26) Address of Physician or Midwife: Pamplico S.C.

Give name added from supplemental report: ..... (Registrar)

(28) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 5 1922 (28) W. H. Poston Local Registrar.

Given here with the attending physician or midwife than the father, householder, etc. should make this return. If a child breathes, yet does, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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