

Form No. 1

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town ofor
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 Joseph Edward Hayes

(3) BOY OR GIRL B (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10, 1922
 (Name of Child) (Day) (Year)

FATHER.

(8) FULL NAME Horrel Hayes(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Angie Rogers(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lula Zorba(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

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

(27) Filed (28) 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31865

 Registration District No. 3706 Registered No. 102
 (For use of Local Registrar)

 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
 MARY OF COLUMBIA, COLUMBIA, S. C.