

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Aiken
Township of Grege
or
Inc. Town of Graniteville
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 204

16 092889

FILE No.—For State Registrar Only

00062

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD

Leroy Hatcher

3. Boy or Girl
Boy

If Plural
births _____

4. Twin, triplet or other _____

6. Premature _____
Full term X

7. Are Parents
Married? Yes

8. Date of birth Dec. 9, 1916
(Month, day, year)

9. Full name
FATHER
John Hatcher

Graniteville, SC

10. Residence (mailing address)
(If non-resident, give place and State) Col.

18

(years)

11. Color or race _____

12. Age at child's birth _____

18

(years)

13. Birthplace (city or place)
(State or country) S.C.

S.C.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____

Painter

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year) last
engaged in this work _____

17. Total time (years)
spent in this work _____

18. Name before
marriage MOTHER
Ada Fells

Graniteville, SC

19. Residence (mailing address)
(If non-resident, give place and State) Col.

Col.

21. Age at child's birth 17 (years)

22. Birthplace (city or place)
(State or country) S.C.

S.C.

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. _____

Domestic

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

25. Date (month and year) last
engaged in this work _____

26. Total time (years)
spent in this work _____

27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn,
period of gestation _____
months _____
weeks _____

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 12:30 P. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }

Given name added from
a supplementary report _____
(Date of) _____

Registrar _____

(Signed) Mrs. Wendolfe L. Branch, Parent
or G.D. Graniteville, S.C., Guardian
Address L. A. Riser, M.D.
Filed April 25, 1944 Registrar P