

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Wellston  
 or  
 Inc. Town of Wellston  
 or  
 City of Wellston

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**309**

Registration District No. 12 Registered No. 2  
 (For use of Local Registrar)

## (2) Full Name of Child

R. E. Hain Jr.  
 (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

(3) SEX Male (4) Single (5) Married (6) Yes (7) DATE OF BIRTH Jan - 21 - 23  
 To be answered only in event of Twin or Triplets

## FATHER.

(8) FULL NAME Robert Lisle Hain  
 (9) PRESENT POSTOFFICE OF FATHER Wellston S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Barnwell Co  
 (13) OCCUPATION Farming - Okies

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Alma Still  
 (15) PRESENT POSTOFFICE OF MOTHER Wellston S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
 (18) BIRTHPLACE Barnwell Co  
 (19) OCCUPATION House-Wife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. S. Blanchard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wellston S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 27 - 23

(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.