

(1) PLACE OF BIRTH

County of Union S.C.

Township of

or Inc. Town of

or City of Union S.C.

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

(2) Full Name of Child Archea J. StaelFile No.—For State Registrar Only
5962

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of HealthRegistration District No. 42-A Registered No. 18
(For use of Local Registrar)(3) BOY OR GIRL? Boy(4) Twin or Triplet? ☒(5) Number in order of birth 8(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15, 27
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

J. B. Hall

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Spaulding County S.C.

(13) OCCUPATION

Stock Dealer

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

1-8

MOTHER

(14) NAME BEFORE MARRIAGE

Old Mills

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Spaulding County S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

1-8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male at 8 A M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianUnion S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 3-10-22

(28)

K. J. Jarrail

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.

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