

(1) PLACE OF BIRTH

County of DeLeonTownship of Harrellvilleor
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

Rufus Hayes

File No.—For State Registrar Only

17308

Registration District No.

Registered No.
(For use of Local Registrar)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age

1 year

(7) DATE OF BIRTH

June 18, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rad Hayes

(9) PRESENT POSTOFFICE OF FATHER

Chico SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

31
(Year)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1 boy

MOTHER.

(14) NAME BEFORE MARRIAGE

Messie Cusar

(15) PRESENT POSTOFFICE OF MOTHER

Chico SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1 boy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

June 18, 22

(27)

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.