

(1) PLACE OF BIRTH *Richmond St.*
County of *Richmond*
Township of *Richmond*
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
8232

Registration District No. *2105* Registered No. *17*
(For use of Local Registrar)

St.; Ward)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 21, 1923</i> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <i>Andrew J. Hays</i>				(14) NAME BEFORE MARRIAGE <i>Lela Barnes</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Liberty SC A2</i>				(15) PRESENT POSTOFFICE OF MOTHER <i>Liberty SC A2</i>
(10) COLOR OR RACE <i>White</i>				(16) AGE AT LAST BIRTHDAY <i>25</i> (Year)
(11) AGE AT LAST BIRTHDAY <i>30</i> (Year)				(17) BIRTHPLACE <i>SC</i>
(12) BIRTHPLACE <i>SC</i>				(18) OCCUPATION <i>Housewife</i>
(13) OCCUPATION <i>Farmer</i>				(19) Number of children of this mother now living, including present birth <i>11</i>
(20) Number of children born to mother, including present birth <i>5</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8:00* A. M. or P. M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) *E. L. Lillard*
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife *Liberty SC A2*

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Apr. 9, 1923* (28) Local Registrar *John T. Boyce*

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.