

## (1) PLACE OF BIRTH

County of *Bamberg*Township of *Three Mile*or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

58664

Registration District No. *404*Registered No. *69*

(For use of Local Registrar)

(2) Full Name of Child *not named*

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

(3) BOY OR GIRL? *boy*(4) Twin or Triplet? *no*

To be answered only in case of twins or triplets

(5) Number in order of birth *4*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Apr. 26*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Harry L. Hease*

(9) PRESENT POSTOFFICE OF FATHER

*Olar, S.C.*

(10) COLOR OR RACE

*white*(11) AGE AT LAST BIRTHDAY *41*

(Years)

(12) BIRTHPLACE

*Bamberg Co*

(13) OCCUPATION

*Farmer*

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

*4*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lizzie Best*

(15) PRESENT POSTOFFICE OF MOTHER

*Olar, S.C.*

(16) COLOR OR RACE

*white*(17) AGE AT LAST BIRTHDAY *33*

(Years)

(18) BIRTHPLACE

*Barnwell Co*

(19) OCCUPATION

*Housewife*

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

*4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Barnwell* at *2* *A.M.* on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. Manning Brantley*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician**Olar, S.C.*

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed *6/1/2* 191 *6* (28)*Y. J. Henderson*  
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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