

**(1) PLACE OF BIRTH**

County of Anderson  
Township of Cass  
Inc. Town of.....  
City of.....

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

Registration District No. 3-4 Registered No. 94  
(For use of Local Registrar)

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

**(2) Full Name of Child** Mary Florence Hall

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

(3) SEX OF CHILD <u>Girl</u>	(4) Time of Birth <u>10:15 A.M.</u>	(5) Place of Birth <u>Home of Mother</u>	(6) Age of Mother at Birth <u>yes</u>	(7) DATE OF BIRTH <u>Oct 1 1923</u> (Month) (Day) (Year)
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**FATHER:**

(8) NAME Theo Dean Hall Jr.  
(9) OCCUPATION S.C. R.F.D.S.  
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE Anderson County S.C.  
(13) OCCUPATION Farmer

**MOTHER:**

(14) NAME Eddie Chickens  
(15) OCCUPATION S.C.  
(16) COLOR White (17) AGE AT LAST BIRTHDAY 27  
(18) BIRTHPLACE Anderson County - S.C.  
(19) OCCUPATION House wife

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ..... at 2 P.M.,  
on the date above stated.  
(23) (Signature) This Christy M. ...  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Landonville S.C.

Given name added from a supplementary report

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)  
(27) Filed Oct 1 1923 (28) J. H. Mac ... 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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